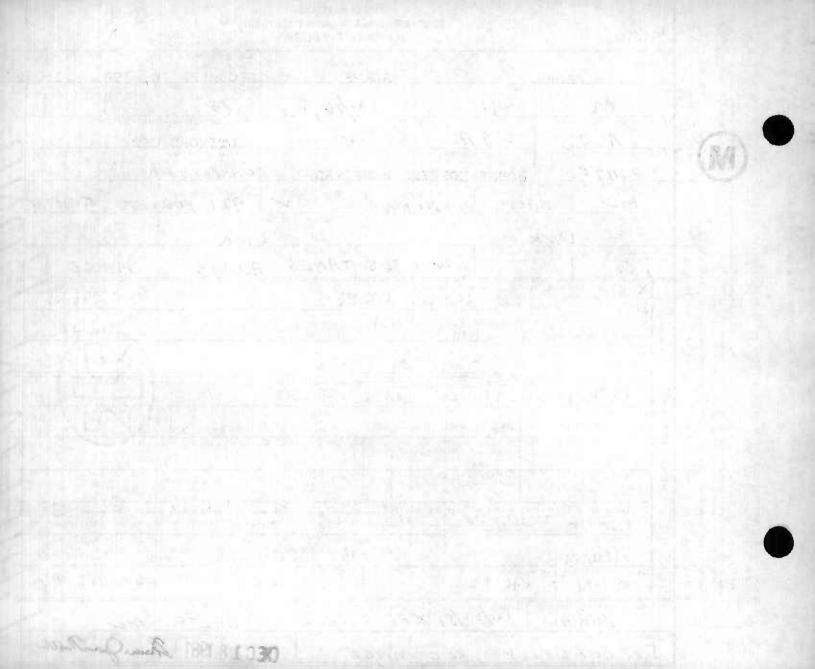
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3	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY		G. NO.		
		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEA		DAY YEAR	26 HOUR
noy be poge 3		HARRY	7	MEXICAN S	ADA	MS	DECEMBE	ER 16.	1981	11:05PM
fer on	3. SE	X	4. RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
Poge directo		M	n		/	2/16/03	78	YRS.		
g		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8. MARRIE	D NEVERMARRIED	9. BALTIMORE CI	TY OR COUNTY	Y OF DEATH	
\$ P		N, J.	US	H	WIDOWE		BALTIMO			MD.
jë (Mil)	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCU	AOST OF WORKING LE	FE) INDUSTRY	OF BUSINESS OR
4 hours ofter	COST	BALTO.	LJOHNS	HOPKIN	S HOS	SPITAL	CARPEI	VIER		
AND 21	13a S	AL RESIDENCE (IF NURSING HOMESTATE 131 COU	ALTO	13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDR	BOWLE.	75 9	U.ARTERS
MARYL ompletely ond 2 sh	14 FA	THER'S NAME FIRST VN	MIDDLE K	LAST		15. MOTHER'S MAIDEN NA	UNK MID	DIE	tas	ST .
			RMED FORCES?	166. SOCIAL SECU		17 INFORMANT		DDRESS		
on ond c		VNK	TE WAR ON DATES	21616	3608	JAMES	ADAMS		MBOU	E
T., BAL. physicic npoperiumovol.		PART I. DEATH WAS CAUS	only one couse pe ED BY:	er line for (a), (b), on ARDIA-C	d (c).)	2007			APPROX BETWEEN	ONSET AND DEATH
death cer ottending ove carbo tion, or re		Conditions, if only, which		OR AS A CONSEQUE	ENSER)				101	HRS
ot W. PRE that the c d by the o leose remo iol, cremot		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, (ROKE				HRS
y. Y.	NOI	PART 2. OTHER SIGNIFICANT SEPSIS, REW			DEATH BUT		MINAL DISEASE OR	CONDITION GIV	EN IN PART 1(01
TAL RECORDS The low requirition. The low prediction. Is permit. There is permit. The stoken suggener prior to be shown ony injurity to the shown ony injurity.	CERTIFICATION	NOV 28 1981		NINAL 18		N WAS PERFORMED	20a AUTOPSY? YES ☐ NO	IN CERTII	S, WERE FINDIN FYING CAUSES S	NGS USED OF DEATH?
ON OF VITAL R. HYSICIAN: The liding physicion. is certificate hos buriol-tronsit per barrol Hydrosit per buriol-tronsit per bur		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A	OF INJURY A.M. MONTH D	AY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE C	F INJURY IN ITEM 18	PART I OR PART 2)	Tyr-lle
DIVISION OF VIT	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, I		21f LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
		22a. I certify that (I) (this hose				nd that in (our) opinion	death occurred on	the date and hou	1981,	tho (II)(we) lost
OR ATTEND the hospitol of DIRECTOR, it oched for use Dept. of Heo If frem 21 is m		sow the deceosed olive o obove, (1) (we) (did) (did n 22b. SIGNATURE	at) view the bad	y after death.		DEGREE	MEDICAL	STAFF/	22c. DATE	
ITAL Stote		S COMM C	OB 884471			PHYSICIAN [DIRECTOR P	HYSICIAN 🖫	127	6-81
TO HOSPITAL refoined by 1 TO FUNERAL should be det with the Stote MMPORTANT:		STEVEN T.	KARIL	4		CO JOHNS HO	AKINS HOSP	TH, BAC	TIMORE	MD
BP		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	1 23b. DATE			EMETERY OR CREMATORY THE LAWN	BALT	TO. 1	COUNTY	STATE
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR S. G. CONVE	LLY	300 V	MAG		TE REC'D. BY REGIS EC 1 8 198	TRAR 256 AGGIS	TRAP'S SIGNAT	Marth



2	1	FOR STATE	DEF	ARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 I	3 1	145
	-	REGISTRAR		CERTII	TCATE OF DEATH	REG. N		
, pe		CEASED NAME FIRST	WIDDLE	Al	bers	1	2-09-8	26. HOUR
а (1)	3. SE	FEMALE	4. RACE	5 DATE (p. (p.11111)	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YI MONTHS DA	
oth. Poo	Ja. B		7b. CHIZEN OF WHAT COUNTY United State	NTRY? 8	D NEVER MARRIED DIVORCED		R COUNTY OF DEATH	
after de ca with		ITY OR TOWN OF DEATH	1 1 NAME OF HOSPITAL, N	URSING HOME (STREET ADDRESS)	OR OTHER INSTITUTION	Baltimo 12ª USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON 12b KIN OF WORKING LIFE) INDUST	
Se file			The Johns H	lopkins	Hospital	Mainten	ance Bal	t. City
AND 24 ho n 24 ho hould b	Ma	ryland Julicoun	TY 13c CITY OF	imore	YES X NO [731 S. Bo	nd St.	
MARYI mpletely pnd 2 s	14. F/	ATHER'S NAME FIRST UNKNOWN	AIDDLE LAS	ST.	15 MOTHER'S MAIDEN NA	IKNOWN -	_	LAST
medical		NAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN) (IF YES GIVE	WAR OR DATES)	SECURITY NO.	Jeanette Ch	ADDRE Nodnicki 83	8 S. Bond	St.
ADS, 201 W, PRESTON ST., B equires that the death certifical signed by the attending phys. Then please remove carbon pay to burial, cremation, or remove injury, an other traumatic event.	NO	18 CAUSE OF DEATH. Enter onl PART I. DEATH WAS CAUSED Conditions, if ony, which gove rise to immediate cause to, stating the underlying cause lost PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONS	SEQUENCE OF	of the Co	ELEST		PROXIMATE INTERVAL EEN ONSET AND DEATH
AL RECORDS The law requirion. The law requirion. The law requirion. The law sony injury the laws ony injury to law sony injury to law sony injury the law sony the l	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS USED SES OF DEATH?
NG PHYSICIAN: The attending physician ther this certificate has the buriol-transit phond Mental Hygrethand Mental Hygret	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)
DIVISIC NG PH offer thi of the thi nad the day	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O		STREET	CITY OR TO	WN COUNTY	STATE
ATTENDIN ATTENDIN Cospital or of ECTOR: Afr d for use at d for use at 1.2 of Health m 21 is mor		22a. I certify that (I) (this haspite saw the deceased alive an above, (I) ye) (did) (did not		101	nd that in (my) (our) apinion	death accurred on the de	9 19 80	that (1) (we) last the causes stated
OR DER		226. SIGNATURE	Eplen, 1	10	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	FIAND 1/2	4/81 2 AM
TO HOSPITAL retained by it TO FUNERAL should be det with the State		22d. PWISCIAN'S NAME THE COM	Kepke		The JOHN	15 HOPKI	US HOSI	DITAL
2	23a	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	MINTY	STATE
7203 BP	24.5	Burial	Dec.14,1981	Schwar	tz Cemetery		eBchtynere	
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	uneral director Lilly & Zeiler	Inc. 1901 E	astern	Ave.	C 1 6 1981	256 REGISTRAR'S SIGN	MATURE

492 4 19 - 20 - 21 L 11 1 3 3 全其以(明) ** \$2.25 m Enlishments - was a second of the second of X --- Collinor X TAL SE BOOK & LY - I DO TO THE TOTAL CONTRACT OF THE TOTAL CO alite sec. 1, 1 1 come contract solition of the contract of t ill eile Inc. 1'01 stan 'v.

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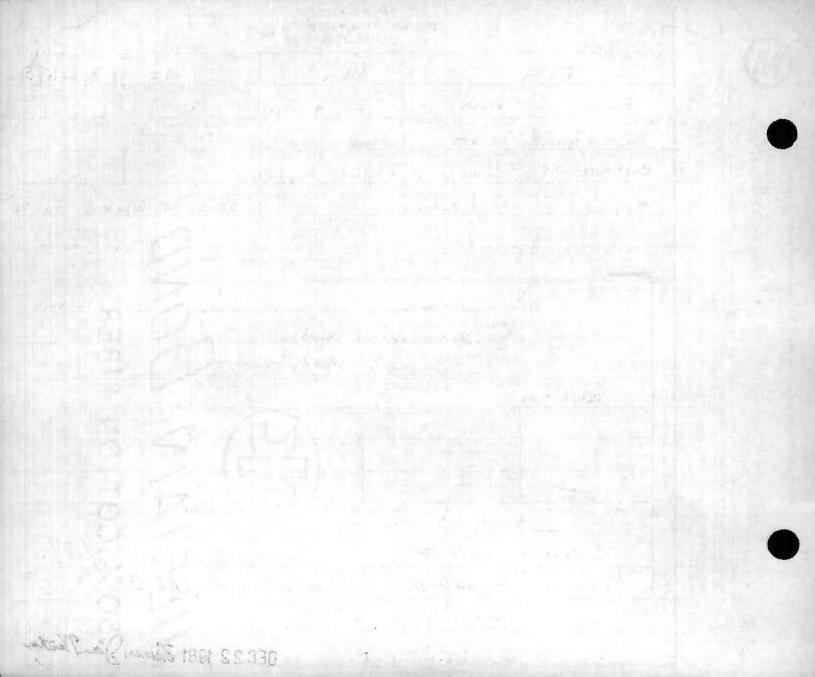
CAVASA SACRET SACRET the state of the s

W.C. MARCH F/H 1101 E. NORTH AVE.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2n DATE OF DEATH 2h HOUR 18 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET UNKNOWN PHILA , PA. 19131 TYRE DAUGHERTY 5377 MONTGOMERY AVE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 day PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE .19 <u>\$1</u>, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR | PHYSICIAN STATE 12/23/81 BALTO. NAT'L CEM BURTAT BALTO 24 FUNERAL DIRECTOR

STATE OF MARYLAND

DHMH - 16 50M 1/B1 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DEPA		EALTH AND MENT			G. NO.	ا ک	S. Anton	6	7
i		EASED NAME	FIRST	,	MIDDLE	(AST	1	2a. DATE OF DEA		DAY	YEAR	2b. HOL	UR 🛧
	(TYPE	OR PRINT)	SAM		v.	ALLEI	V		12/	17	18		2-	pm
	3. SEX			4 RACE		5. DATE C		FAR 6	AGE JIN YEARS LA	AST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	R 24 HRS
		Male			ite	Apri		0	81	YRS			HOURS	MIN.
1	Pat. BIF	CTHPLACE (STATE OF		76. CITIZEN OF		RY? 8. MARRIEI	NEVER MARR	IED 🗆	BALTIMORE CI	TY OR COUN	TY OF DE	ATH		
2	10.00	West Virg		U.S		WIDOWE	D DIVORC	hand.		O. CIT				MD
1		IMORE	AIH	(IF NOT IN SUC	H FACILITY, GIVE ST				120. USUAL OCCU		tife) IND	KIND OF		ESS OR
5	USUA 13a. S	L RESIDENCE LIENUE	13b. COUP	OTHER INSTITUTION		OWN	13d. INSIDE CITY LI YES 🔣 NO		3e. STREET ADDR 2807 F	ESS Balt Roselaw	imore n Ave	2 2 enue	1214	
2	14. FA	THER'S NAME FIRST	Not K	nown	LAST	NO.	15. MOTHER'S MAI		MIDI	DIE	Gi	lmor	e	
		/AS DECEASED EVER		E WAR OR DATES	16b. SOCIAL S			Wife:	2807 Rose		alt.		. 21	214
		PART I. DEATH A 4 10 C Conditions, if any gove rise to imcause (a), stati underlying cous	IMMEDIA' y, which immediate ing the	DUE TO, OI	RAS A CONSE	candia	Linfai	r tron	m seps with	ingest Leart fa	ve.	5 d	ay,	r
	NO	PART 2 OTHER SIG	NIFICANT (ONTRIBUTING	TO DEATH BUT	NOT RELATED TO T		AL DISEASE OR	CONDITION			ase	
	CERTIFICATION	NON C	ATION	196 CONDI	TION FOR WH	ICH OPERATION	N WAS PERFORMED		YES NO	IN CER	TIFYING C			TH?
1		210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DE	114	FINJURY M. MONTH M.	DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE O	FINJURY IN ITEM !	B PARTIOR	PART 2)		
	MEDICAL	21d. INJURY OCCUP	HILE [21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	211. LOCATION STREET		CITY	OR TOWN	COL	UNTY		STATE
			sed alive an	10 14	1	0.1	d that in (my) (aur)	opinian de	oth accurred an	he date and h	, 19. % aur and fr		thot (I) (causes st	
		22b. SIGNATURE		send	MD		DEGREE ATTEN PHYS		MEDICAL DIRECTOR PH	STAFF HYSICIAN V	22	c. DATE S	SIGNED	
		22d PHYSICIAN'S N	_	NNSE.	N QU	D	22e. ADDRESS	E.	Umb	Park	War	l		
	23a. B	URIAL, CREMATION		Dec 2			EMETERY OR CREM		23d. LOCATION CITY OR TOV	VN	COUNT	IY Wa	rvl o	STATE

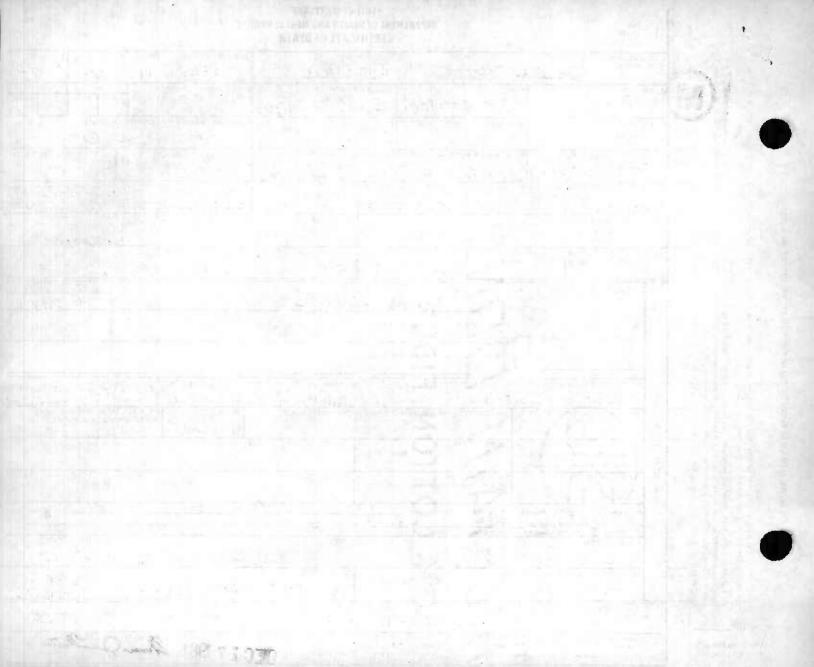
DHMH- 16 30M 2/80 (VRA 15, 4)

Leonard J. Ruck, Inc. Baltimore, Maryland

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

12/10/81/24 TOTAL TENERS was Manager and Brost 1 BUTTON ANTE DEC. T. T. HELL. SELL SET - 1-21. I ME TOTAL Commence town of the second with a fact that the water to be in a fact Secret to the second President provided in authorized any charter in a private of DISPLAN. CHI MARKETT TO TEMPTERSOND SOLD ON CONTRACT THE escend d. . web, i.e. Emprisone, Unique La Company and A 2004 A 2004

	. 4	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL H' ICATE OF DEATH	GIENE 8	REG. NO.	3	1	5 0
			CEASED NAME FIRST	^	WIDDLE	1	AST		OF DEATH M	ONTH DAY	YEAR	2b HOUR
	9 1	1,,,,,	JAMES TO STATE OF THE STATE OF	RE ISI	DOR	ALT	SHULL		PEC.	11 /	981	3:10 PM
	De 4 mo	J. SE	MALE	1. RACE	reterm	5. DATE O			78	YRS	INDER I YEAR	HOURS MIN.
	a l	70. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIA	NORE CITY OR		DEATH	
	ter death. he funeral within 72		MARYLAND	US	A	WIDOWE	A		SALTIN	no-RE	017	Y MD.
10	by tilled	1	SAVTIMINE CIT	(IF NOT IN SU	CHEACILITY, GIVE STREET	ADDRESS)	FOTHER INSTITUTION	120 USUA SAL	AL OCCUPATION ORK FOR MOST OF VI	N VORKING LIFE)	INDUSTRY	F BUSINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		USU. 13a. S	TATE 131 COU	ROTHER INSTITUTION	GIVE AND SET OF	STOWN	13d INSIDE CITY LIMITS?	1130 370	9 EASTM	AN RD	PXXXX	XXXXXXX
AND	hin 24 h ly filled shauld t	In	RY ANI BAI	TO	XXXXXXX	XXXX	YES NO D				XXXXX	XXXXXXXX
RYL	# 45 th	III. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN N	IAME R	ANDALLS	TOWN,	MD 2	1133
W.	D E S	2:	CHARLES		ALTSHUL		ELI			()	NKNO	WN
ORE	e execu	- 25	VAS DECEASED EVER IN U.S. AI	RMED FORCES? E WAR OR DATES)	166 SOCIAL SECU				CE BERM			
W.	-0 o vi o		VO		195-07-2	923	3709 EASTMA	N RD.	RANDAL	LSTOWN		
BA	srtificate g physici anpaper emoval.		18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUSE	nly one couse pe	r line for (a), (b), on		Λ /]			+=	BETWEEN	MATE INTERVAL ONSET AND DEATH
ST.,	00000			TE CAUSE (0)	KENI	tu +	ALLURE				10	DAVS
NO NO	s that the death cer de by the attending lease remove carba rial, crematian, or re or other traumatic e	-03	5860	DUE TO, C	R AS A CONSEQUE	ENCE OF						
RES	e death attend nave ca otian, o		Conditions, if any, which gave rise to immediate	(b)_								
× .	the the rem		couse (a), stating the underlying couse lost.	DUE TO, C	R AS A CONSEQUE	NCE OF						
10	s that ed by alease ral, cr			(c)_								
35, 2	equires signe Then pl ta bur njury, q	z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISE	ASE OR CONDI	JPPSGYEN	N PARTAIO	RECURRENT
ORC	8 c = + =	18	190 DATE OF OPERATION	196 COND	THE WOOD	OPERATIO	N WAS PERFORMED	171667	TOPSY?	SIGN. 20b. IF YES, W		VOL Westerd
E S		CERTIFICATION	IN DATE OF OPERATION	178 CONE	IIION FOR WHICH	OPERATIO	N WAS PERFORMED			IN CERTIFYIN		OF DEATH?
TAL	Fig a sign of +	E .	21g. ACCIDENT WAS UNDERLYING [7 216. TIME C	OF IN HIRY		21c. HOW INJURY OCCU	YES [_	YES []	но 🗆
) F	SICIAN: The ng physicion certificate lurial-transit tental Hygie them 18 sho		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A		AY YEAR	The now indokt occo	KKED (ENIEK	NATURE OF INJURY	N HEM IB, PARI I	ORPARI 2}	
N N	PHYSICI ending p this cert he burial and Mento	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	-	.M. OF INJURY	19	211, LOCATION					
/ISIC		WE	WHILE NOT WHILE		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOWN		COUNTY	STATE
5	DING P or after the se as the colth and marked	180		(a=1) = a====6=1 a1		01:	() 10 /	20	12/11		61	
	OR: OR: I is I		220.1 certify that (this hasp sow the deceased alive or	17/11	19	31 1	d that in (m) (our) opinio	n death occur	red on the date	and hour on		that ((we) lost
	OR ATTEN or hospital DIRECTOR, oched far us Dept, of He f frem 21 is	-	above, (D (we) (did) Ididan 22b. SIGNATURE	ot) view the body	after death.		DEGREE			0.10 1.1001 0.11	22c DATE	
	L DIRE tochece Dept		(MOM	9130-			ATTENDING	MEDICA	L STAFF	4/	12	101
	SPITAL d by th NERAL be dete e Stote TANT: h	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			PHYSICIAN 22e ADDRESS	DIRECTO	R PHYSICIA	NN	12/1	101
	OF THE R		FUNELLE	KI	1 wit		15/10/DAVE	1/xBC	al Gar	OTOLA	CEN-	tor -
	Should be should	230 5	URIAL, CREMATION, REMOVAL	, V	-/-	JAME OF C	EMETERY OR CREMATORY	1234 10	CATION	IRIC	ista	111111
	BP	230. 6	BURIAL	DEC. 1			N CIRCLE	730. LO	ALTIMOR	E cou	MAR	YLAND
		24 FL	INERAL DIRECTOR SOI		N & BROS.		25a D	ATE REC'D. BY	REGISTRAR 25	THREGISTRAF	6 SIGNAT	RE
	DHMH - 16 50M 1/76 (VR A 15 (4))		7.770112		ADDRESS.		21215	FC 17	1981	France S	Jan /	arlb-
		-	6010 REISTERSTO	WN RD.	BALTO.,	MD	41419	PULL		()		



APORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the

	1-	FOR - STATE REGISTRAR		DEPARTM	LENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH		3 . NO.	1	1	5 1
		CEASED NAME E OR PRINT)		(E.) T.		ES	20. DATE OF DEATH	HTMOM H	DAY YE		HOUR
	3. SE	× MALE	A. RACE BLACK		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAS	T BIRTHDAY) YRS.	IF UNDER I		NDER 24 HRS URS MIN.
3	V.	IRTHPLACE (STATE OR F COUNTRY) IRGINIA	U.S.A.		WIDOWE		9. BALTIMORE CIT BALTIMO	_		тн	MD.
9	В	ALTIMORE	LRVAMC,	13900 Loci	H RAV	EN BLVD. 2121	120. USUAL OCCUP				ISINESS OR
5	MAI	RŶĹAND	NG HOME OR OTHER INSTITUTION 136. COUNTY	BALTIMOR		134 INSIDE CITY LIMITS?	13e. STREET ADDRE 2245 E. P.		Stree	et.	
0	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		Affinie	WE	É	Biva	ns	
		VAS DECEASED EVER (YES, NO ORUNKNOWN) YES	IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) WWIT	16b. SOCIAL SECUR 220-01-5		VAMC, MEDICA	E. Amê L RECORDS	DRESS S 2245	E. F	rest	ton St
		Conditions, if any, gove rise to imm cause (a), stating underlying cause	DUE TO, OI which ediate g the last. DUE TO, OI Colored Colored	rogressiv Pronic n Basassous Wike C	e co enal	ichexIA failure Myopathy			86.1.	PPROXIMATE WEEN ONSE	INTERVAL I AND DEATH
0	z	PART Z. OTHER SIGN	TIFICANT CONDITIONS CO	NI KIROLING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GI	IVEN IN PA	RI I(a	

3	MA	AL RESIDENCE HE NURS STATE RYLAND	ING HOME OR OTHER INSTITUT	ON GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE		3. STREET ADDRESS 245 E. Pre	ston Str	reet	
20	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NAME Affhie			vans)) \(\frac{1}{2}\)
1		WAS DECEASED EVER YES, NO OR UNKNOWN) YES	IN U.S. ARMED FORCES		VAMC, MEDICAL	E. Ames RECORDS 2	2245 E.	Preston	St
2	RTIFICATION	Conditions, if ony gove rise to improve (a), statin underlying cause	AS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO which (b) nediate g the last. VIFICANT CONDITIONS	PET LINE TO (a), (b), and (c).) PROPRESSIVE CONTRIBUTING TO DEATH BUT	Myopathy NOT RELATED TO THE TERMIN	AL DISEASE OR CON	20b. IF YES, WE	RE FINDINGS USED CAUSES OF DEATH	
9	EDICAL CERT	21g. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH HOUR CAL EXAMINER) RED 21e. PLACE	E OF INJURY A.M. MONTH DAY YEAR P.M. 19 E OF INJURY	21c HOW INJURY OCCURRED 211 LOCATION STREET			OR PART 2)	
1	N	white NOT WHAT WORK 220. I certify that X saw the decase above XI (we) (c 22b. SIGNATURE) 22d. PHYSICIAN'S NA	(this hospital) attended ad alive on DECEM aid (dia Act view the bo		ER 23 19 81 nd that in (XXaur) apinion de DEGREE ATTENDING		R 1, 19.8 ate and hour and	thon XI) (we from the couses state 220. DATE SIGNED	e) last

23c. NAME OF CEMETERY OR CREMATORY

3900 LOCH RAVEN

DHMH-16 30M 2/80 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE 12/7/81 Md. Nat'l Mem. 24 FUNERAL DIRECTOR
Wm. NAMC. March F/H 1101 E. North Ave.

23d LOCATION CITYOR TOWN Laurel Pk. MD DEC 2 1981 Francis DEC 2 1981

BLVD. BALTO. MD 21218

COUNTY

MILKEY PROBLEM SALVE

	11		FOR		D	EPART		OF MAR	YLAND ID MENTAL H	YGIENE	i	3 1	1 5	2
	-		STATE REGISTRAR		MED	ICAL	EXAMINE	R'S CER	TIFICATE C	F DEATH	REG	G. NO.		413
			CEASED NAME	FIRST		MIDDLE		LAST		2a [DATE KNOW	N XX MONTH	DAY YEAR	2b. HOUR
ET,		[++++	. OR TRIVELY	Dono	g - F	lwan		An		D	OF ESTI-	0 12	181981	_ M
A POLICY OF THE PROPERTY OF TH	3	. SEX	4 RA	CE O	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS	IF UNDER	YR. IF UNDER		DATE NOUNCED	MONTH	DAY YEAR	2d HOUR 9:28 a. M
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ON ST., BALTIMORE, MD. 21201 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. ICONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES. PREMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 24 HOURS GIENE, DIVISION OEVITAL RECORDS, 201 W. PRESTON STREET, VANA.	38	В	altimore	/	11. NAME OF HOSE (IF NOT IN SUCH FAC Univers	ity F	dospital	- STL		FOR MOST	of working Life)	OR INDUST	RY
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REEC BE	9		death resulted fro	m: Naturo	al causes,	Accident	AA, SUICIO	le 🔲,	Hamicide	Undetermi	ned manner			
A V V P P P P P P P P P P P P P P P P P			ACTUAL SIGNATURE	Variain	in I alol	lan			ssistan	MEDICAL	EXAMINER	DATE	ED 12-18	3-81
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, PAGE 4 SHOULD BE PROWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL: TRANSIT PERMIT. BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	2		EXAMINER'S NAM (TYPE OR PRINT)	Vir	rginia L.	Dola	n, M.D.	ADD	RESS	III Per		et		
574548		23a. BI	JRIAL, CREMATION	REMOVAL 23			NAME OF CEME		EMATORY	23d. LOCAT	ION	COL	INTY S	TATE
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DHMH - 17		-	JNERAL DIRECTOR		P. A ADDRESS				DE	REC'D. BY REC		REGISTR 0	J'and	East.
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STATE OF MARYLAND

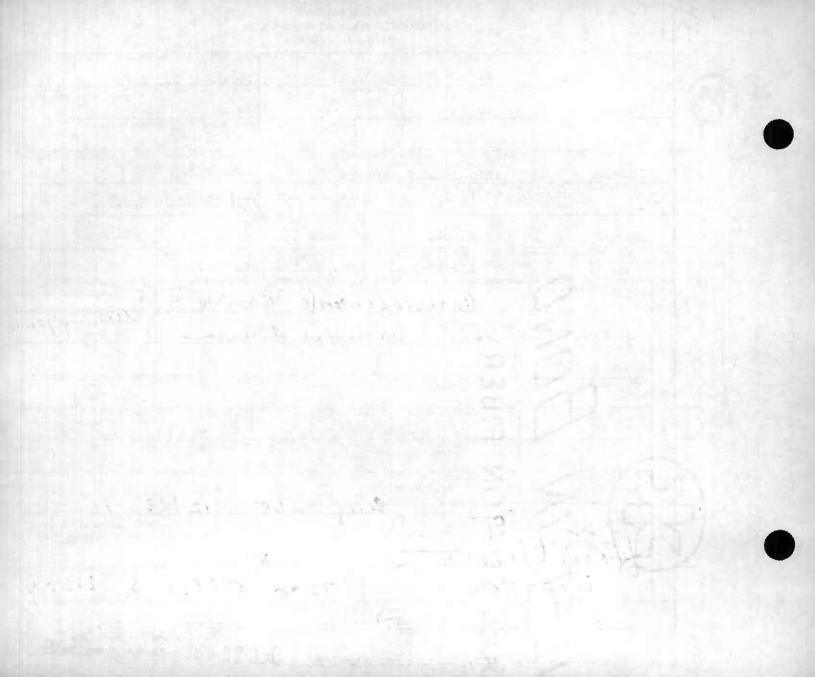
DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

0			
	REG. NO.		

1	FOR - STATE REGISTRAR	DEI		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	0 1	1 3	S
	DECEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR	_
	Anna	<i>K</i> .	Ande	erson	December 2	23. 1981	The or	М
3 5	SEX	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BE	RIHDAY) IF UNDER I YE.		-
	Female	White	Mau		95	YRS MONINS DAT	S HOURS MI	IIV.
7a. I	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEATH		
1	Germany	USA	WIDOW		City			MD.
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPAT		OF BUSINESS	-
4 1	Baltimore	3716 Echo		enue	Housewife	DE WORKING LIFE) INDUSTE	(1	
130 I	UAL RESIDENCE (IF NURSING HOME O I STATE 136 COU Md.		RTOWN	13d. INSIDE CITY LIMITS? YES NO [37 16 Echoda	ale Ave.		
14.1	FATHER'S NAME Robert	Birkholz Birkholz	ST .	Anna Anna	ME MIDDLE	Grimm	LAST	
16a	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G)	IVE WAR OR DATEST	SECURITY NO. 8-3961	Mrs. Martha I	ress same			
Z	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON	SEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	lia-	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINITING CAUS		
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTI	H DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY	OFFICE, FARM, ETC)	21f. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE	
-	22a. I certify that (I) (this hasp saw the deceased alive ar abave, (I) (wer did (did no		Total .	nd that in (my) (aur) apinian o	, todeath accurred an the d	ote and hour and from the	, that (I) (we) I he causes stated	
	27% SIGNATURE	huert		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	TE SIGNED	
	220 PHYSICIAN'S NAME (TYPE			7600	osei	2 gr. 2	1204	-
230	BURIAL, CREMATION, REMOVAL	L 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE	
-	Burial	Dec.26,1981	Gdns. o	f Faith	Baltimore	, Md.		
24	FUNERAL DIRECTOR	ADA	DRESS	25a DATI	REC'D. BY REGISTRAR	256 LEGISTRAR'S SIGN	Marthe	
	Leonard J.	Ruck Inc. Bali	timore.	Maruland Ut	C 29 1301	01		

Leonard J. Ruck Inc. Baltimore, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)



Fun'l Home 1630 Edmondson Ave..

(VRA 15, 4)

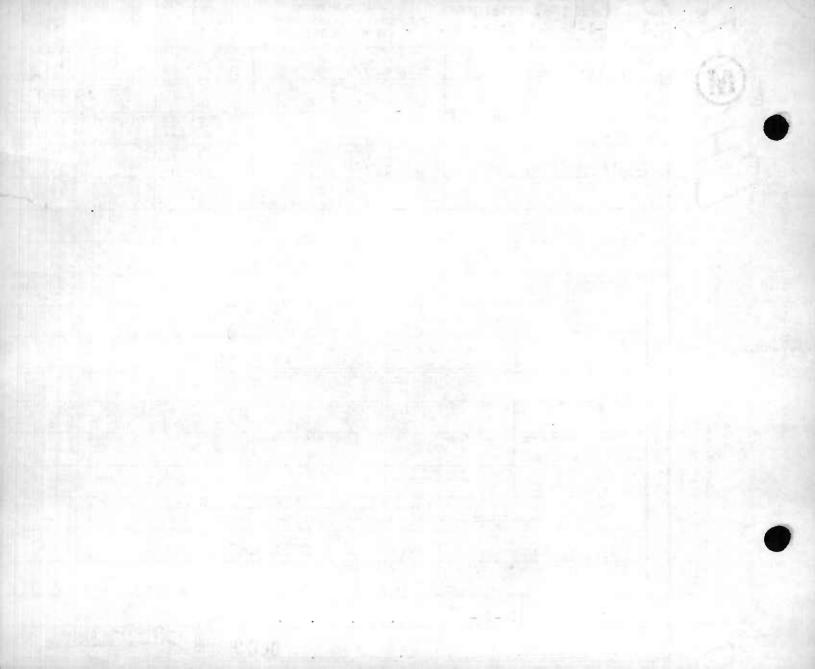
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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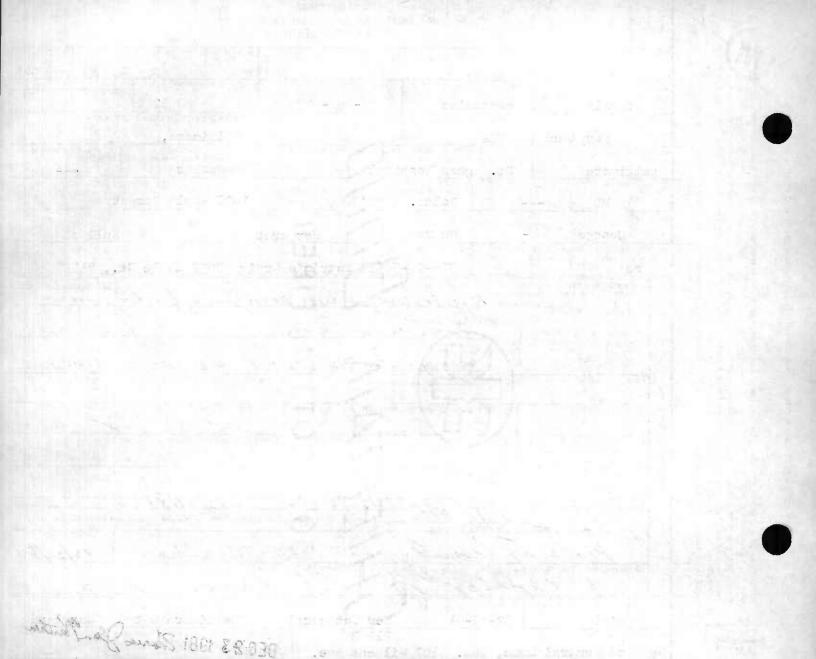
	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	REG. NO.	3 1 1 5
1		uby Girl	Anderson	20. DATE OF DEATH MONTH	18 81 4 36 18 81 4 36
	Female Female	14 RACE	5. DATE OF BIRTH MONTH DAY YEAR 12 17	6. AGE (IN YEARS LAST BIRTHOAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HE MONTHS DAYS HOURS MI
35	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mary and CITY OR TOWN OF DEATH	16. CITIZEN OF WHAT COUNTRY U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 Dulle	Cela
10	Baltimore	I F NOT IN SUCH FACILITY, GIVE STREE St. Agnes Ho	spital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	ITE KIND OF BUSINESS I
3573	Md.	13c. CITY OR TOY	WN 13d INSIDE CITY LIMITS YES NO NO	410 Blossom Lar	ne 21090
20	FATHER'S NAME FIRST WILLIAM WAS DECEASED EVER IN U.S.	R. Anders		NAME MIDDLE ADDRESS	Anderson
the medicol		GIVE WAR OR DATES) None			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
NO.	Conditions, if any, which gave rise to immediate cause 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE (C)	JENCE OF	rminal disease or condition G	IVEN IN PART 110
Notification and an arrangement of the property of the propert	19a DATE OF OPERATION		H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \(\text{NO} \)
9 3		DEATH HOUR A.M. MONTH (DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
AFD	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
E 1 2 E	sow the deceased alive above, (1) (we) (did) (did	spital) attended the deceased from, on 12 ~ 18 19 nat) view the bady after death.	ond that in (my) (our) opin	ion death occurred an the date and ha	
Z		und für m.	PHYSICIAN	MEDICAL STAFF	12-18-81
MPORTAN	CHENG-HE	IRD LIU M.	- OI III	es Hospital	
. 23	a. BURIAL, CREMATION, REMOV	AL 23b. DATE 23c No.	NAME OF CEMETERY OR CREMATO	teryOld Frederick	Rd. 2122
	FUNERAL DIRECTOR VITZKE Fun'l	Home, 1630 Edn	25a.	DATE REC'D, BY REGISTRAR 256, REGISTAN 14 1982 Carn	cas Kan Natha

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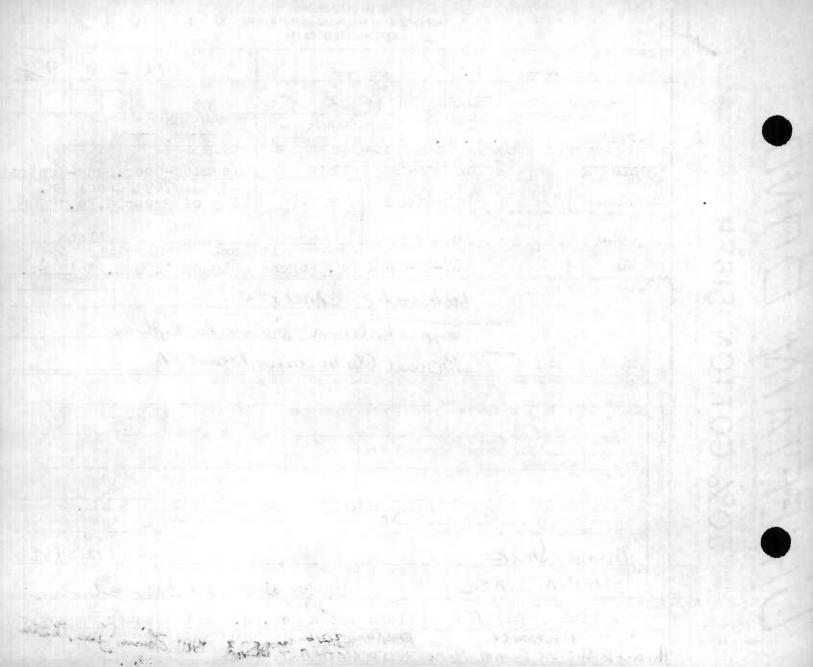
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7	1.	STATE 3-1-82 A	L Items	20,213	CERTIF	ICATE OF DEAT	TAL HYGIEN T H	REG. NO			3 0
-		CEASED NAME FIRST		MIDDLE		AST	20		MONTH DA	Y YEAR	26. HOUR
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AT (PM)	3. SE		4 RACE			F BIRTH	6 /	AGE (IN YEARS LAST BIRTH		UNDERTYEAR	IF UNDER 24 HRS
		F	3100	10	MONTH 3	1 DAY	89	92	YRS	ONTHS DAYS	HOURS MIN.
g 45	To. BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8		9 1	BALTIMORE CITY O	R COUNTY C	F DEATH	
1 16 83	VI	IRGINIA	us	3	WIDOWE	DIVORO		CIT	ry		MD
1 11 1	10 C	TY OR TOWN OF DEATH			RSING HOME	ROTHER INSTITUT		6. USUAL OCCUPATION			F BUSINESS OR
5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Paltimore	Pro Vi	CHEACILITY GIVES	TO CE T	4	(1)	YPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY"	* ** *********************************
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		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	7.7.1.1.1.1.2	ECURITY NO.	17 INFORMANT		ADDRE	SS		
ALTIMORE, the be execu- lition and co- pen. Finger of the medical	()	YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)			CHARLES	EVANS	212	4 WALB	ROOK A	VE
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		underlying couse lost	10,0	TILLS	uting.	Sr ca	CA:	rcinoma			
20 per es		PART 2. OTHER SIGNIFICANT	CONDITIONS CO			NOT RELATED TO T	HE TERMINA	AL DISEASE OR COND	ITION GIVE	V IN PART 1(c	01
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ALR Sort	E							YES NOTE	YES		NO [
A STATE OF THE STA	E. C.	210. ACCIDENT WAS UNDERLYING			DAY YEAR	21¢ HOW INJURY	OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	T 1 OR PART 2)	
OF DESCRIPTION OF	SAL	OR CONTRIBUTING CAUSE OF DE	milis .		19						
O P P P P P P P P P P P P P P P P P P P	EDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY	CE FARM FTC	21f LOCATION		CITY OR TOW	N	COUNTY	STATE
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THE STATE OF THE S		sow the deceased alive or above, (1) (we) (did) (did no	at) view the bady	ofter death.	9 or	d that in (my) (our)	opinian deot	th occurred on the do	te and haur o	and from the	causes stated
10000000000000000000000000000000000000		Th SIGNATURE	0	-		DEGREE	HEA-	/		22c. DATE	(1
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7.5 0.07 %		MARSHY	1 J.	19n	June	144	n.	Core	24	2121	7
0 § N#13	23a. E	BURIAL, CREMATION, REMOVA	L 23b. DATE		23c. NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION			A LIO STATE
SOY BP		BURIAL	12-12-	81	MD. NAT	. MEM. PI		LAUREL		MARYLA	
DHMH - 16 60M 1/75	24 Ft	UNERAL DIRECTOR		ADDRES:	5			C'D, BY REGISTRAR	REGISTR	- /	/
(VR A 15 (4))		PHILLIPS FUNER	AL HOME		N. MONT	ROE ST.	DEC	9 1981	, march	Jan 11	me Chank



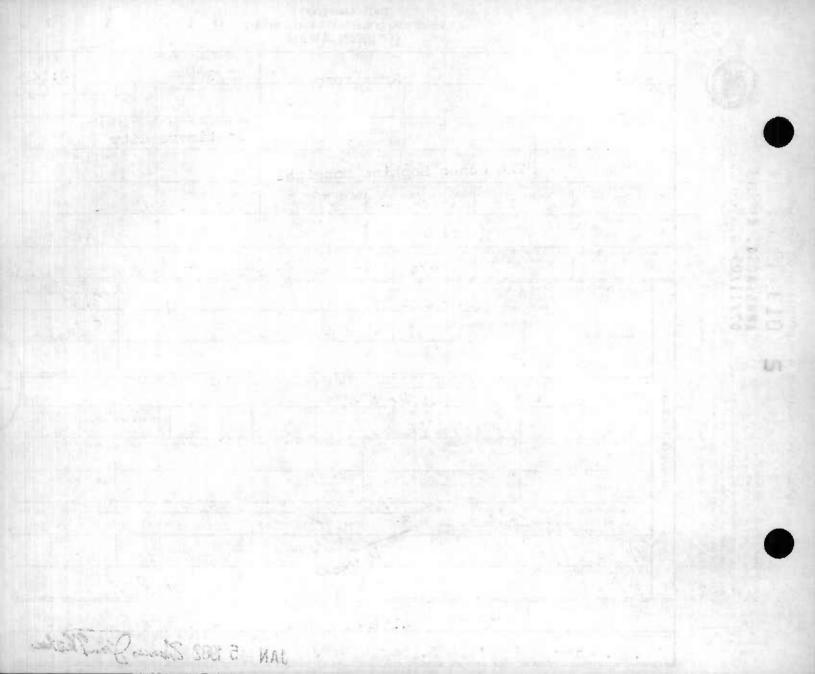
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12/1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 3 1 1 5 9
	DECEASED NAME FIRST YPE OR PRINT)	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 25 HOUR
9000	CORA		12 2 31 AM
director of 10.	Female	Black S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
5 mm 2/1	BIRTHPLACE ISTATE OR FOREIGN (COUNTRY)	U. S. A. WIDOWED DIVORCED X	BALTO. CITY
10 1		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNION MEMORIAL HOSPITAL	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Elevator-Oper Penn-Centra
I DIS	oual residence (if nursing home or on the state land land land)	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION] TY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? BALTIMORE YES \$\infty\$ NO \$\infty\$	King of Prussia. Pa. 19406
14	FATHER'S NAME FIRST John	ADDLE IAST SMAIDEN N. FIRST Georgia	ME LAST Anno Wilson
ledicol 16a	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Balt	
8 spows ony injury, or other troumotic		(c) BOULE OF TRUETON OF A SHOW THE TERM ON THE TERM ON THE TOTAL THE TERM ON THE TOTAL THE TERM ON THE	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED
IN SECTION OF THE PROPERTY OF	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216 HOW INJURY OCCU	YES NO YES NO REPORTED IN THE NO PART LOR PART 2)
day from 18 show	ON CONTRIBUTING THE CAUSE OF DEAL	P.M. 19	TENTER NATURE OF INJURY IN TEM 18. PART OR PART 2)
morked	21d INJURY OCCURRED WHITE NOT WHITE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
of He	220 I certify that (1) (this hospits saw the deceased alive an obave, (1) (we), (did) (did not	19 and that in (my) (aur) opinion	death occurred an the date and hour and from the couses stated
ANT: # Hea	22b. SIGNATURE Maria Ste 22d PHYSICIAN'S NAME (TYPE OR	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 12/2/87
with the State [MPORTANT: If	MARIA	STACK Union Me	emorial Hopital
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. Date 12/7/81 Roland Green Mem.	Pk. West Chester Pennsylva
OM 2/80 5, 4)	FUNERAL DIRECTOR BAUTION I	ADDRESS	TEREC'D. BY REGISTRAR DESCRIPTION OF THE PROPERTY OF THE PROPE

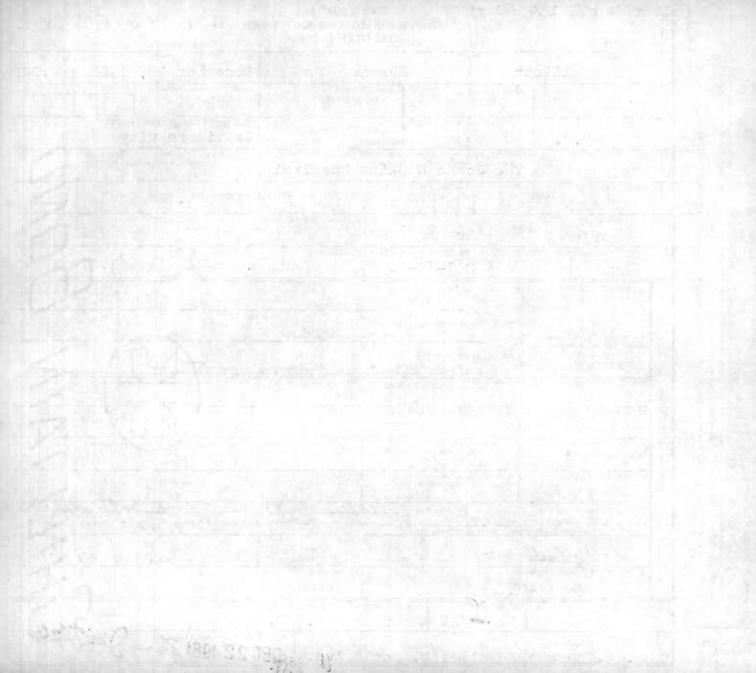


	3	1	FOR - STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
-	10		CEASED NAME FIRST		MIDDLE LAST					MONTH DA	Y YEAR	2b HOUR
10	(13)		Evelyn		Armstrong				12/30/8	1		4:14Pm
1 13	極心	3. SE	Х	4. RACE	4. RACE 5. DA		TE OF BIRTH DAY YEAR		6. AGE (IN YEARS LAST BI	RTHDAY)	ONTHS DAYS	IF UNDER 24 HRS
O	0 5		Female	Bl	Black		7 11 11		70	YRS.	DATS	HOURS MIN.
P 8	Pod a	7e. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	76. CITIZEN OF WHAT COUNTRY? 8		MARRIED NEVER MARRIED		9 BALTIMORE CITY			
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e.	+ + 70		ITY OR TOWN OF DEATH	11 NAME OF	11 NAME OF HOSPITAL NURSING HOME		OR OTHER INSTITUTION		12a. USUAL OCCUPAT			F BUSINESS OR
10 mg 30 mg	by the	E	Baltimore	The J	The Johns Hopkins Ho			ital	(TIPE OF WORK FOR MOST	Dr WORKING (IPE)	INDUSTRI	
24 how	ould be	13a.			ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION		13d. INSIDE CI		130. STREET ADDRESS 1924 E.	St.		
Market 1	2 sh	14. F.	ATHER'S NAME		MIDDLE (AST		15. MOTHER'S MAIDEN N					
MAM Pa	The Sol		Simon	MIDDLE	Nixon		Janie		MIDDLE		Hallback	
m 0 33	0 % O		WAS DECEASED EVER IN U.S		16b SOCIAL SECU	IRITY NO.	17. INFORMAL		ADDR	ESS		
W S	Poges		YES, NO OR UNKNOWN)	S, GIVE WAR OR DATES)	N/A			George Armstrong 2922 Edgecomb C				
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5, 2(en pl	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
DIVISION OF VITAL RECORD ING PHYSICIAN; The low requ	te hos been si ssit permit. The grene prior to shows ony inju	CERTIFICATION	19 DATE OF OPERATION	ch	Cole lith	OPERATION AS	1	RMED	200. AUTOPSY?		WERE FINDINING CAUSES	
OF VIT	S certificate in buriol-transit i Mental Hygier in Item 18 shov		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A		AY YEAR	21c. HOW IN	IURY OCCURRI	ED (ENTER NATURE OF INJU	IRY IN ITEM 18, PAR	PT 1 OR PART 2)	
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ATTENDIR	d for use of Health		220.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did)	e on / 2/30	19			our) opinion d	eoth occurred on the d	ote and hour	ond from the	
TAL OR	kat Dikt detoche tote Dep NT: If Itel		DEGREE M.D. ATTENDING MEDICAL STAFF 12/30/8/									
O HOSPI	should be de with the Stot		RATAIN TOWNS HORKINS HOSPITAL									
ACIT!	- ~ 5 < 1	23a.	BURIAL, CREMATION, REMO			NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
U BP2			Burial	1/5/	82 B	altir	nore C		Balti			MD
DHMH-16			UNERAL DIRECTOR	h F/H 1	1 0 1 ADDRESS	Mort	h AMA	25e. DATE	REC'D. BY REGISTRAN	255. REGIST	Jan	Ethan



STATE OF MARYLAND

11-5	m 23b g562 12/6 FOR STATE REGISTRAR		CERTIFIC	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	REG. NO		1 6 2
1. DECE.	ASED NAME FIRST Ellio	middle t.t.	Austi		December		2b. HOUR 9:34P
s offer, deg 3. SEX		4. RACE Black	5. DATE OF		6. AGE (IN YEARS LAST BIRT		AR IF UNDER 24 HRS
	HPLACE (STATE OR FOREIGN UNTRY) N.C.	76 CITIZEN OF WHAT COUN	MARRIED WIDOWED	NEVER MARRIED	Baltimore city o	R COUNTY OF DEATH	MD.
The state of the s	or town of death	11. NAME OF HOSPITAL, NI THE JOHNS	URSING HOME OR STREET ADDRESS) HOPKINS	OTHER INSTITUTION Hospital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		OF BUSINESS OR
MARYLAND 2120 ed within 24 hours mipletely filled in by and 2 should be file examiner, must be file	RESIDENCE (IF NURSING HOME OR ATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE ITY OR Balt	TOWN	3d. INSIDE CITY LIMITS?	136 1180 600 Ess	Federal	St.
MARYLL In mapletely and 2 st	HER'S NAME Bossie	Austi		5. MOTHER'S MAIDEN N Dehlia		Powe	11
	S DECEASED EVER IN U.S. ARI , NO OR UNKNOWN) (IF YES, GIVI			NFORMANT Elizabeth	D. Austin		Federal
PRESTON 51. A UST A usualing phe attending phe mavve carbonp imprise, ar remo	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS	SEQUENCE OF hypoxue	,	n airest	BÉTWÉ.	Oximate interval En Onset and Death
The low requires ysicion.	ART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING			200 AUTOPSY?	20b. IF YES, WERE FINING CAUS	DINGS USED
ISON OF SPHYSICIAL Tending physicial the burial-tr and Mental I and Mental I and MEDICAL	10. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF ETIHER, NOTIFY MEDICAL EXAMINER 1d. INJURY OCCURRED WHILE AUGUST 1 WORK AT WORK	TH HOUR A.M. MONTH	H DAY YEAR	21c HOW INJURY OCCU 211. LOCATION STREET	RRED (ENTER NATURE OF INJUR		STATE
to OR ATTENDI the haspital or DIRECTOR. A moched for use E Dept. of Heal	2a.I certify that (1) (this hospit sow the deceased alive an, obove. (1) (we) (did) (did not 2b. SIGNATURE Um Balk	/2/2/ 1) view the body after death.	19.8/ ond	EGREE ATTENDING	n death accurred an the do	22c. DA	that (1) (we) lost he causes stated TE SIGNED
O HOSI	2d. PHYSICIAN'S NAME (TYPEO)	KE		Johns Hook			
230. BUF	RIAL, CREMATION, REMOVAL Burial	23b. DATE 26 12/19/81		METERY OR CREMATORY Mem. Pk.	CITY OR TOWN	re Co	STATE MD
DHMH-16 30M 2/80 (VRA 15.4)	ERAL DIRECTOR		RESS	25a. D.	ATE REC'D. BY REGISTRAR F.C. 2.2 1981	250 REGISTRAR 6 SIGN	Mariker



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8	1 -	STATE REGISTRAR			- C1 A1		FICATE OF DEATH		REG. NO			Marie V
	1 DEC	EASED NAME	FIRST		MIDDLE		LAST	20 D		MONTH DAY	YEAR	2b. HOUR
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1	3 SEX	1	4	RACE		5 DATE	OF BIRTH	6. AG	E (IN YEARS LAST BIRT			IF UNDER 24 HRS
(MA)	N	lole			ite	6	24 10		()	YRS.		
V/	CO BIR	THPLACE (STATE	1	(ITIZEN	OF WHAT COUNTR	MARRIE	ED NEVER MARRIED		Salty u	-COUNTY O	City	
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and cases the m	(VI	S, NO OR UNKNOW!	(IF YES, GIVE W	AR OR DATES	110 SUCINES	LILLA	Mrs. Ko	thle	en Ay	esol.	Pol	L
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transit protein 18 ltem 18		OR CONTRIBUTING	CAUSE OF DEATH	HOUR	A.M. MONTH							
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e as the bu	¥	WHILE D	OT WHILE	(AT HOME	, STREET, FACTORY, OFFI	CE, FARM, ETC.)	STREET		CITY OR TOV	'N	COUNTY	STATE
ealth ealth is m				1) ottended	the deceased fro	m	19 5	-/	0/7	-/	8/	hot (I) (we) lost
of He	-31	sow the de	ceosed olive on_	12-	19	8/10	and that in (my) (our) opin	ion deoth	occurred on the de	ote and hour a	and from the c	ouses stated
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- 00 15 1		226. PHYSICIAN	S NAME (TYPE ORP	RINT)			22e ADDRESS	1	/ /	/ ,	10	
ORT		A	2. CH	4FN	- TAN		Baltri	nor	GR 1	10 sp. 1	the	
4 3 3	73s B	URIAL, CREMAT	ION, REMOVAL	23b. DATE	12	3c. NAME OF	CEMETERY OR CREMATO		LOCATION	<i>U</i>		44.44
	(5	HOLE CH	1	12-3	3-81	LAKE.	View Men 1	Bry	SUKESU	ille C	Arroll	Md
		NERAL DIRECTO				~ 1	A 25am	ONTE REC	D. M REGISTRAR	15) REGISTE	P'S SIGNATI	
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STATE OF MARYLAND

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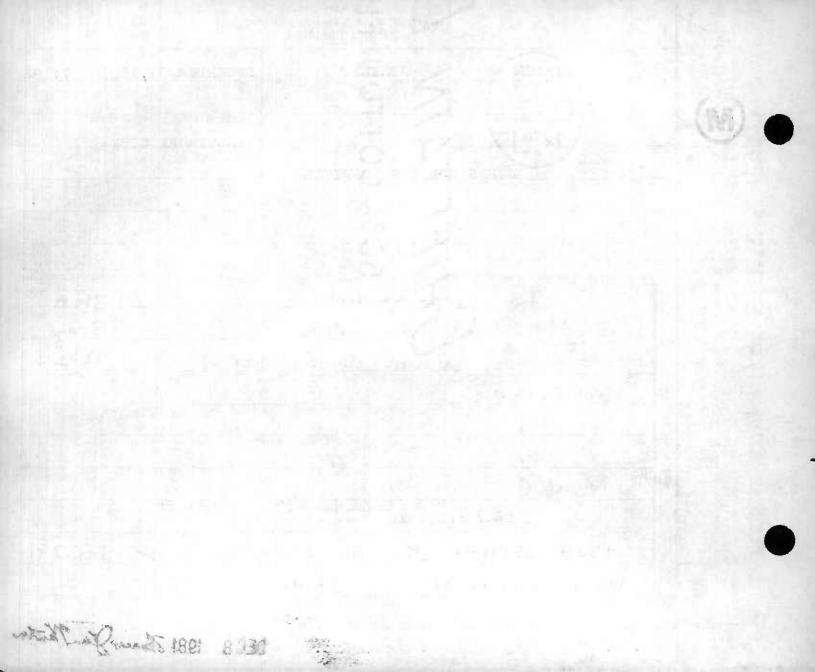
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STATE OF MARYLAND

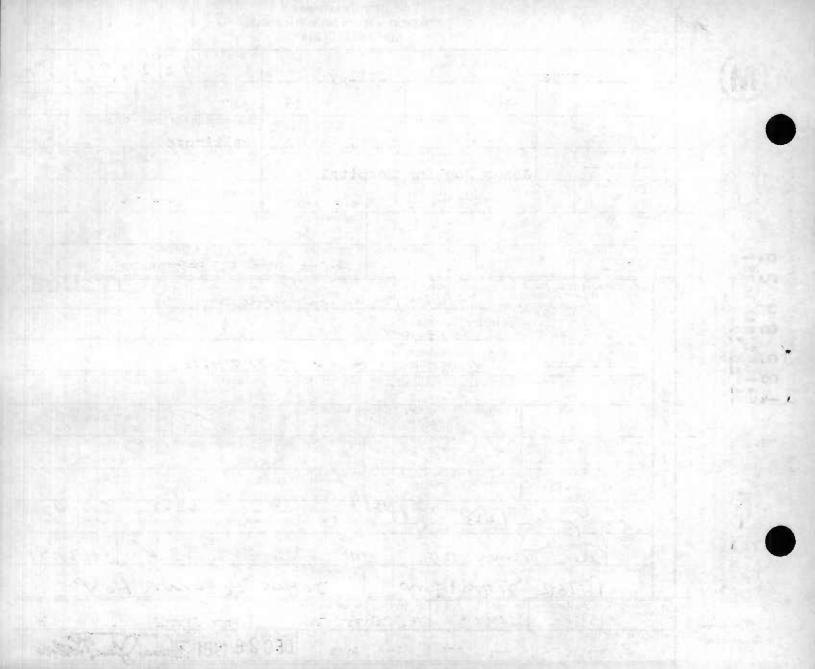
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	O.		
		CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH (DAY YEAR	2b. HOUR
	TITPE	BERT	THA		BAI	LEY	DECEMBER	07,]	1981	7:18A
	3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	
1		Female	В:	lack	MONT.	19 25	56	YRS	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
3	5	MD	T	JSA	WIDOWE		DATETIO	DE CI	- m - z	M.
3	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	IG HOME C	R OTHER INSTITUTION	BALTIMO 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON	12b. KIND (OF BUSINESS OR
5	_	altimore		S HOPKI	NS H	OSPITAL				
><		AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		134 CITY OR TOW Baltime	/N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 201 N.	Was	hinata	on St.
_	14. F.A	ATHER'S NAME		Darcine	<u> </u>	15 MOTHER'S MAIDEN NA		1100		311 501
96		Dewey	MIDDLE	White	20	Violet	MIDDLE		J	ones
1		VAS DECEASED EVER IN U.S. AT	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRE	SS		
1		No	TE WAN ON DATES	N/I	A	Rosemary	Stewart 18	25 M	ontfor	rd Ave.
		18 CAUSE OF DEATH (Enter o	nly one cause per	line far (a), (b), an	id ic.				APPRO) BETWEEN	XIMATE INTERVAL
	7.4	PART I. DEATH WAS CAUSI	TE CAUSE (a)	hypoter	whire .	shock			31	MUKS.
		4289	DUE TO O	R AS A CONSEQUI	ENCE OF	0 1		11 11	-	
		Canditions, if any, which	(ıb)_	careli	ac	laelere		- 6.7	30	lays.
		gave rise to immediate couse (a), stoting the underlying cause last	DUE TO, O	RAS A CONSEQUI		decoderal i	lcor		48	hours.
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO					DITION GIV	EN IN PART 1	ia
	NO NO	Septicern	1							
0	CERTIFICATI	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDI	
7	TIE						YES NO		S [NO [
5	_	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	215. TIME O HOUR A.		AY YEAR	21c. HOW INJURY OCCUI	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 P	ART 1 OR PART ?}	
4	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		M.	19					
1	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STE	OF INJURY REET FACTORY, OFFICE, F	FARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) (this hosp	ital) attended th	e deceased from	DE	4 10 8	to DEC	7	10 8	that (1) (we) lost
		saw the deceased alive or abave, (1) (we) (did) (did no	DEC	81 19	81 . or	d that in (my) (aur) apiniar	death occurred on the de	ote and hou	and from the	
		22b. SIGNATURE				DEGREE			22c. DATE	SIGNED
		HOGH K	CIENHO	JEF JR		MD ATTENDING PHYSICIAN	MEDICAL STAI		DE	C7.81
1		27d. PHYSICIAN'S NAME (TYPE				77e ADDRESS)
		HUGH R	1ENHOF	FJR.		7.4.4.			013	
,		BURIAL, CREMATION, REMOVAL	236. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Burial	12/1	1/81 B	altin	more Cem.		more	COUNTY	MD.

Burial
24 FUNERAL DIRECTOR Wm. March F/H 1101 AE. North Ave. Balt imore



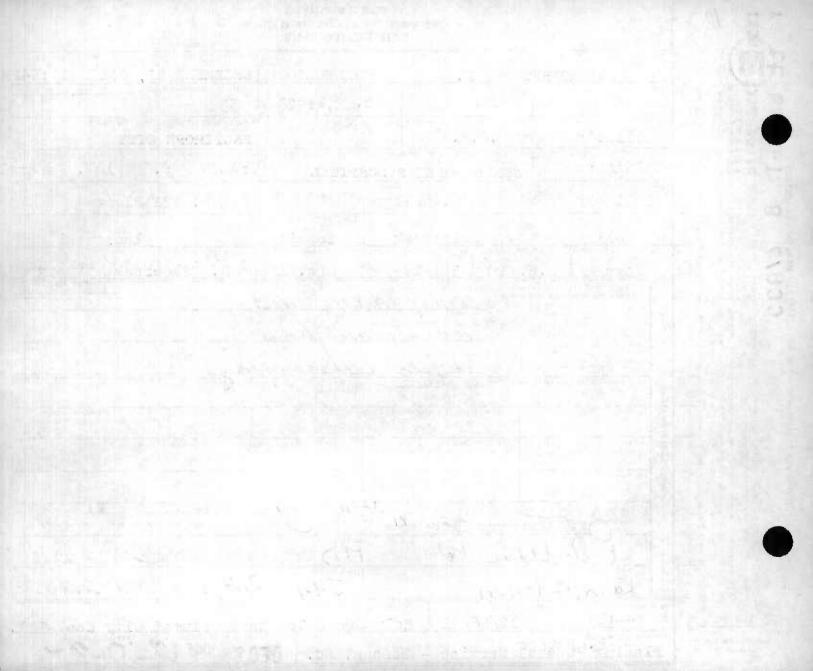
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STATE OF MARYLAND

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TTE	OF)			CEASED NAME FIRST		MIDDLE	L.	AST	2a	DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
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0	ecfor programmer of the contraction of the contract		3. SE)	Male	4. RACE Whit	e	5. DATE C			GE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
	200 E	51		RTHPLACE (STATE OR FOREIGN OUNTEY)	76 CITIZEN OF	·A .	8. MARRIEI WIDOWE	NEVER MARRIED	D	ALTIMORE CITY O			MD.
5	by the full	33		altimore	(1F NOT IN SU	HOSPITAL, NURSI	ADDRESS)	ROTHER INSTITUTION		USUAL OCCUPATION OF TO A TO TO			Federa
AND 212	filled in auld be	(myst be	USU/ 13a S	L RESIDENCE (IF NUBSING HOME OF LATE COU.	R OTHER INSTITUTION NTY K	130 STY OR TO		13d. INSIDE CITY LIMIT	175? 13%	SPREET ADDRESS	71 P	lace	
IMORE, MARYLAND 2120	ed within impletely and 2 st	28	14 FA	THER'S NAME FIRST Felix	WIDDLE	Balcerz	ak	Sophie		WIDDLE	Wl	OCZEWS	ki
I MORE,	be execution and co	S medical			RMED FORCES? VE WAR OR DATES) S. Arm		urity no. 4–948	7 Mrs.		wife)DDRE K. Bal		ak Sa	m _{#1} as
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	equires that the death cert n signed by the ottending i Then please remave carbor tabuiral premation arrest	injury, ar other traumotic ev	NO	Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT	(b)	OR AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	LAY DENCE OF	ardis my	your	D SE OR CONI	DITION GIV	EN IN PART 110	01
AL RECO	hos bee	ows any	CERTIFICATION	19a. DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	WAS PERFORMED		ES NO	IN CERTIF	WERE FINDING CAUSES	OF DEATH?
SION OF VIT	ng physic certificate rrial-trans	or Hem 18 st	MEDICAL CER	2] a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	R) P	.M. MONTH D	AY YEAR	21¢ HOW INJURY O	CCURRED	ENTER NATURE OF INJUI	RY IN ITEM 18 F	PART 1 OR PART 2)	
NOISINIO		marked ar	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE.		211 LOCATION STREET		CITY OR TO	wN	COUNTY	STATE
VIO	to to	m 21 is m		22a. I certify that (I) this hasp saw the decease valive or above (I) (we) (did) (did no		12/21/19		d that in (my) (our) a	binion death	occurred on the de	ote and hav	r and from the	
	y the hor Aetoched	Z Z		22b. SIGNATURE LL	then	MO		ATTENDI PHYSICI		EDICAL STAR		120. DATE	22/8)
	etained by TO FUNER shauld be	MPORTANT		Karen Mid	thyn			JHH JHH		ltimore	., N	14 2	1205
-		-	23a. B	URIAL, CREMATION, REMOVAL	1000			METERY OR CREMAT		d LOCATION CITY OR TOWN		COUNTY	STATE
	BP		24 51	Burial	12/2	6/81	Holy	Cross Cer	meter	v Calum	et C	ity Co	ok-Tll
DH	MH-16 30M 2, (VRA 15, 4)	/80	F	leming Funer	es Ser	vice -			TOTAL P	9 8 1981	ZH, REGIST	KAK S SIGNAL	2 The



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MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

- STATE

REGISTRAR

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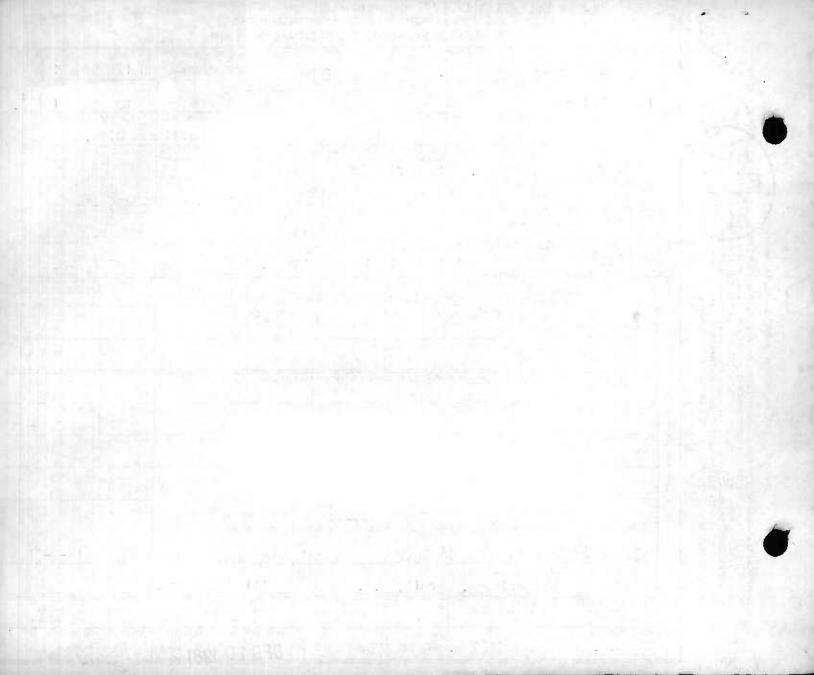
	1	N
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by many and a from 24 hours after death. Pages retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and compliting filling in by the funeral of should be detached for use as the burial-transit permit. Then please remove corporablem. Pages I and I should be filled within 7% owith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	O HOSPITAL OR ATTEN	should be detached for us with the State Dept. of He

	1	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 REG. NO.	3 1 1 7	3
1 111	(TYI	ECEASED NAME PE OR PRINTS	aby Gir	AIDDLE	BAN	KS	20. DATE OF DEATH MONTH	22 81 120	M
(NA)	3. SI	Female	White		5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2. HRS.	_
THE R	5	SIRTHPLACE (STATE OR FORE COUNTRY) Maryland	USA	WHAT COUNTRY	? 8 MARRIEI WIDOWE	D NEVER MARRIED S	9. BALTIMORE CITY OR COU		ND.
The state of the s	10 0	Baltimore	St. Ag	HEACHITY, GIVE STREE	ital	or other institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OF	R
S to the state of	13a.	STATE Maryland	ROTHER INSTITUTION	GIVE RESIDENCE BEFO 13t. CITY OR TOV Baltim	RE ADMISSION) WN OTE	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 1299 Sugarwoo	d Circle 21221	
1 103	9	ATHER'S NAME FIRST Duane	WIDDLE	LAST	lanks	Gail	D. D.	Mondie	
be mental		WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	16b. SOCIAL SEC	URITY NO.	Duane Banks,	1299 Sugarwoo	od Circle 21221	_
HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificated by the haspital or attending physician. FUNERAL DIRECTOR, After this certificate has been signed by the attending physician signed by the ottending physician blad be detached for use as the burial-transit permit. Then please remove cortion points State Dept of Health and Mental Hygiene prior to burial, cremation, or remove ORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic.	MEDICAL CERTIFICATION	PART 1. DEATH WAS IM Conditions, if any, we gave rise to immed cause in , stating underlying cause PART 2 OTHER SIGNIFIED TO CONTRIBUTING CAUSE 21a. ACCIDENT WAS UNDERT OR CONTRIBUTING CAUSE ACCIDENT WAS UNDERT OR CONTRIBUTING CAUSE AT WORK WHILE AT WORK NOT WHILE AT WORK	DUE TO, OI hich iote the DUE TO, OI lost. CANT CONDITIONS COMMENT OF THE PROPERTY OF THE PROP	AS A CONSEQUENCE OF TON TON THE TON TON THE TON TON THE TON TH	JENCE OF JENCE OF JENCE OF DEATH BUT FARM. ETC.)	NOT RELATED TO THE TERMINATION OF PERFORMED VP Shunt 211. LOCATION STREET	ED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN to leath accurred an the date and	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO	st
TO HOSP retained TO FUNI should be with the IMPORTA		BURIAL, CREMATION, REA			NAME OF CI	EMETERY OR CREMATORY	23d LOCATION CITY OF LOWER AT MIT	MODEL ND 2122	=
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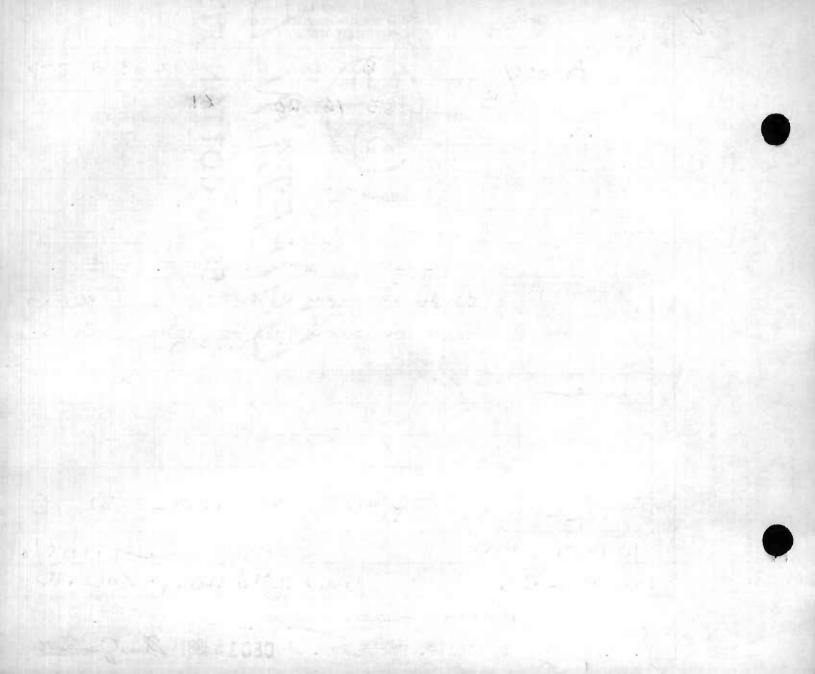
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1/		STATE REGISTRAR		MED	ICAL EXAMI	NER'S CE	RTIFICATE O	F DEATH	EG. NO.		
X		CEASED NAME	FIRST		MIDDLE	LA	ST	20 DATE KNO		DAY YEAR	26 HOUR
A STREET			Jame	S	Α.	Ba	rnes	DEATH MA	TED XX 12	7 1981	M
50±05-	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN			24 HRS. 2c. DATE	MONTH	DAY YEAR	2d HOUR
95353		le	Black	3 2	15 66	YRS.	DATS HOURS	DEAD	12	8 1981	7:21 P.M
	FO	RTHPLACE (ST REIGN COUNTRY) BALTO.,	MD.	76. CITIZEN OF WHA		8. MARRIED WIDOWED	NEVER MARRIE	DU	imore Ci		MD.
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ANY DE ANY DE AND 3 TO AND	USUA 13a. S	L RESIDENCE	IF IN NURSING HOME (OR OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADMIT	SION		13e STREET ADDRESS 2422 W. CO	LDSPRING	LN.	
A H-WOLDOW		THER'S NAME		MIDDLE	BARNES		ALICE	NAME		MYERS	
IMO IER [PAC ORA ON C	16a V	VAS DECEASED ES, NO, OR UNKNO N	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUR		. INFORMANT		DDRESS		
BALTIMORE. S AFTER DEA GIVE PAGES ITH FORM P PAGES I AN IVISION OF		N	0		212-18-7	207	FANNIE H.	BARNES 371	3 WOODBI	NE AVE.	
E. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR. THE WARDED TO THE CHIEF MEDICAL EXAMINER ALONG W. S. PAGE 35 SHOULD BE USED AS A BURRAL-TRANSIT PREMIT. STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D. V. 21201 PRIOR TO BURRAL, CREMATION, OR REMOVAL.	TIFICATION	gave ris cause (a) lying caus	s, if any, which e to immediate stating the <u>under-</u> e last.	(b) DUE TO, OR A	IS A CONSEQUENCE IS A CONSEQUENCE IT NOT RELATED TO THE TE F Liver ON FOR WHICH OP	E OF		f } (a)		20 AUTOPSY'YES XX	? NO []
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TO MEDICAL EXAMINER: THIS OF EXECUTE THE CERTIFICATE, WRIPE PAGE A SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201	N.	WHILE AT WORK 220. I certif death resulte ACTUAL SIGNATURE	y that I taak charg	ge of the remains description of the remains described on the remains described		Autapsy Suicide, 	Hamicide , TITLE (SPECIFY) Assistant		and in my ap	Dinian	
TO MED EXECUTI PAGE 4 TO FUN AFTER D BALTIMC	23 a. Bl	EXAMINER'S I (TYPE OR PRIN JRIAL, CREMAT	ION REMOVALL	rgarita A.	Korell,			II Penn Str			
BP	(5	PECIFY) BUR	IAL	12/14/81	MD. VE			CROWNSVII	LLE	NTY ST	ÍD.
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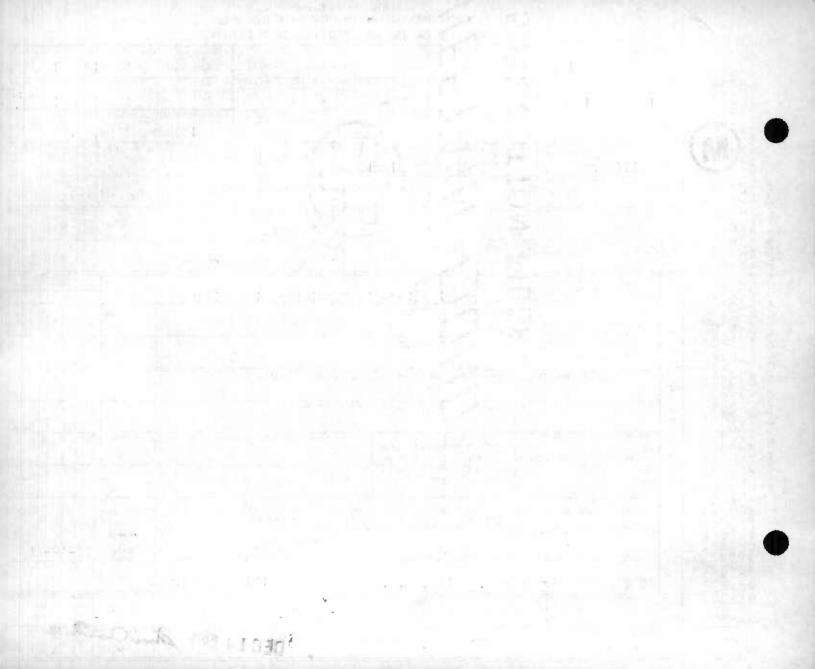
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	()		REGISTRAR		CERTII	FICATE OF DEATH	REG. NO		
			CEASED NAME FIRST	MIDDLE		LAST		AONTH DAY YEAR	2h HOUR
nay be poge 3		(TYP	L CROPRINT	D(/	6	Barnes	1	21381	830PM
4 moy		3. SE		4 RACE	5. DATE	OF BIRTH	6 AGE INTERESTANT BIRTH		IF UNDER 24 HRS
Page 4 director			M	3	MONT 3	16 20	61.	YRS.	HOURS MIN.
th. Period di	ė		COUNTRY	76. CITIZEN OF WHAT COUNTRY?	B.	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
deat 7:	0/7		N.C.	USA	WIDOW	DIVORCED [Baltimo	ore City	MD.
i i	NE DO	10 C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATIO		BUSINESS OR
0 2	LEEX		Baltimore	University			THE ST WORK TOK MOST OF	170001K1	
hou		₩5U 13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 13¢. CITY OR TOW	ADMISSION)	113d INSIDE CITY LIMITS?	In capter coopers		
24	RS		MD	Baltim		YES X NO	1205 W.	Mosher St.	Total
within pletely nd 2 sh	ine	14. F/	ATHER'S NAME		010	15 MOTHER'S MAIDEN NA			
d w	300		John A	Barnes		Louise	MIDDLE	Farme	ar.
con		16n \	WAS DECEASED EVER IN U.S. ARA			17. INFORMANT	ADDRES		
e execu	medico		YES NO OR UNKNOWN) IF YES, GIVE	WAR OR DATES					7.4.
rs. P	e .		No			4 Leonard M	luse 1205 W		
hysic	±,		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and	dich		A = 1	BETWEEN ON	ATE INTERVAL
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dep dep	חחס		Conditions, if ony, which	(b) metaste	tica	dano Ca of th	e lung tol	the 3m	os.
the of	(1)		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF	0	parad		4
thot d by lease	othe		underlying cause last.	(c)	TIACE OF				
es es			PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	UNAL DISEASE OF CONDI	ITION CIVEN IN PART Lie	
The The	2.2	NO O	hone		=1		THE PROPERTY OF CO. 10.	NON ONEN IN PART IN	
beer mit.	Oux	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDING	S USED
hos per	shows	H		100			YES TI NOT	IN CERTIFYING CAUSES O	PF DEATH?
N: The language of the languag		ER	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c HOW INJURY OCCUR			NO []
Phy Phy Phy Phy Phy Phy Phy Phy Phy Phy			OR CONTRIBUTING CAUSE OF DEAT				(ENTER MATORE OF INJORT	IN DEW 10 PART (OK PART 2)	
ding ding s cer	=	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
3 PH of the b	red par	ME	WHILE IN NOT WHILE IN	(AT HOME STREET, FACTORY, OFFICE F	ARM, ETC)	STREET	CITY OR TOW	N COUNTY	STATE
O O O O O O O O O O O O O O O O O O O	more			ol) ottended the deceased fram_	6 N	01/ 10/87	13 020	8	0
TEN TO BE	- S		saw the deceased alive on	13 Dec 19	13		death accurred an the date	e and hour and fram the ca	of (I) we flost
AT losp losp ed fe	E		abave, (1) (we (did) (did not 22b, SIGNATURE	view the bady after death.		DEGREE			
y the ly y the ly RAL DIR detache	±		1.) 14.000	wo		ATTENDING	MEDICAL STAFF	22t. DATE SI	GNED)
HOSPITAL ined by the FUNERAL old be dete	ž		W.1907 3			PHYSICIAN [DIRECTOR PHYSICIA		12/01
ed be	RIA		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS	1/11-	- Palli	10
FO HOS etained TO FUN should b	MPORTAN		W-MYER	()		ano. of	19 HOR	1 Dans	
E P P S	S .	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
BP			Burial	12/17/81 V	Vest	view Mem. P	D 2	Co.	MD
DHMH - 16 50M		24 FI	JNERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAN	B. F. STRAR'S SIGNAT	St
(VRA 15, 4)		V	Mm. C. March	F/H 1101 E.	Nort:	h Ave.	EC 1 5 1981	Many Jan	astlan



24.	FOR		ATE OF MARYLAND F HEALTH AND MENTAL	HYGIENE	3 1 1 7 7
	- STATE REGISTRAR	MEDICAL EXAMI	NER'S CERTIFICATE		0.
	DECEASED NAME FIRST TYPE OR PRINT) Robert	MIDDLE	arnes	2a. DATE KNOWN () OF ESTI- DEATH MATED	XXMONTH DAY YEAR 726 HOUR
	SEX 4 RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTI	YEARS IF UNDER 1 YR. IF UNDE IDAY) MONTHS DAYS HOURS	R 24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH DAY YEAR 26. HOUR
.7a.	male black BIRTHPLACE (STATE OR FOREIGN COUNTRY)	3 3 38 43	8 MARRIED NEVER MAR	RIED 🔲 -	11 19 1981 2:44 DR COUNTY OF DEATH AM
10	aryland CITY OR TOWN OF DEATH altimore	U.S.A. 11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCHFACILITY, GIVE STREET ADDRESS 11111 Park Ave.))		PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
13a	UAL RESIDENCE (# IN NURSING HOME . STATE 13b. COUN [aryland]	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMI	ISION)	130 STREET ADDRESS 202 N. Mona	stery St.
14.	FATHER'S NAME FIRST Carroll	MIDDLE Barnes	15. MOTHER'S MAIL		LAST
160	. WAS DECEASED EVER IN U.S. AR			Barnes-202 N	
	Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.	(b) DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE	: OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AND, ZIZOI PRIOR IO BURIAL, CREMATION, OR REMOVAL.		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE		ART 1 (a).	20 AUTOPSY?
ALCERTIF	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY YE. DEATH P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 I	PART I OR PART 2)
MEDICAL	214 INJURY OCCURRED WHILE DOT WHILE EAT WORK AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a. I certify that I taak charg	ge of the remains described abave, held an applications of the control of the con	Autopsy , Inspecti Suicide , Hamicide : TITLE (SPECIFY)	undetermined manner .	DATE SIGNED 11/19/81
BALLIMORE, MARYLAND, 2	EXAMINER'S NAME (TYPE OR PRINT) BURIAL, CREMATION, REMOVAL	Hormoz R. Guard.M.		Penn Street Ba	ltimore MD
	Burial	11-24-81 Gaines	Cem.	Elkridge	COUNTY Md STATE
-	HAS. A. RICE	FSPA 1300 Eutaw	MO		STRAR'S SIGNATURE

. TO PERSON . .co. species I _ St_it

2	1	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG							3 1	17	3
P	1-	STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH							
	1. DECEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN GO MONTH DAY									DAY YEAR	2b HOUR
₩~~XX+	(TY	PE OR PRINT)	Alfre	ed Barton			OF EST DEATH MAT		121981		
LEAN THE PROPERTY OF THE PROPE	3. SE	X 4	4. RACE 5. DATE OF BIRTH		6. AGE (IN YEARS IF UN				MONTH		2d. HOUR
PLEASE DIRECTOR. OUR FILES. IT HOURS	M	lale	Black	11 29	VEAR LAST BIRTH		THS DAYS HOURS	MIN. PRONOUNCED DEAD	12	12 1981	10:10 A.M
2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7,a. B	IRTHPLACE (STA		76. CITIZEN OF WE		18	DIED A NEVER MARR	9. BALTIMORE	CITY OR COUNT		1 A.M
STATE OF THE PARTY			VA	USA WIDOWED DIVORCED BAITIMOT				more Cit	e City, MD.		
· 美刚】	10. 0	ITY OR TOWN C	FDEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE) FOR MOST OF WORKING LIFE)				N (TYPE OF WORK	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY		
300	1	Baltimo		3609 Alameda Circle						OK 1140031	K I
ANY DI AND 3 I REFAIN	13a. S	AL RESIDENCE (1	13b. COUN		13t. CITY OR TOWN	ION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
		MD			Baltimo	re	YES 🔀 NO 🗌	3609 Al	ameda (Circle	
H-WASS	14. F	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDE	N NAME MIDDLE		LAST	
DEATH PAND		John		Wesley	Barton					Jordon	
BALTIMORE. RS AFTER DEA B. GIVE PAGES I AN DIVISION OF V.	160.	WAS DECEASED EVER IN U.S. ARM YES, NO. OR UNKNOWN) (IF YES, GIVE W		MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS			7 0'	7
BALTIM S AFTER GIVE PO ITH FOI PAGES IVISION		No			N/A		Alma Wed	chsler 360	9 Alame	eda Cir	cle
: ~ ~ ≥ - · ○		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:								APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
ON SERVICE HER		4 2 9 (MADE CAUSE (a) Arteriosclerotic Cardiovascular Disease									
PRESTON THIN 24 H THIN 24 H THIN 24 H THIN 24 H TH		Canditions	, if any, which		AS A CONSEQUENCE	OF					
W. W	-	gave rise	to immediate	(b)	16.1.60.1850.181						
Z AAAAA		cause (a) stating the <u>under-</u> <u>lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF									
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLISTING THE WORD "PENDING". IN PENCIL IN ITEM IS RDED TO THE CHIEF MEDICAL EXAMINER ALONG RE 3 SHOULD BE USED A'S A BURBAL-TRANSIT PERMIT FOR FOR PRIOR TO BURBAL. RANSIT PERMIT OF PRICH AND MENTAL HYGIENE, OI PRIOR TO BURBAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g).									
RECORDS. D BE EXECTENDING. REDIONAL AS A BUILD AND CREMATITE AND CREMATI	Z										
PEN	CERTIFICATION	19a. DATE OF C	PERATION	19b. CONDIT	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?						?
A OF VITAL R. CATE SHOULD HE WORD "PI THE CHIEF I THE	- E										NOXX
DF V		210 EXTERNAL	-		216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR						- A
SE S		UNDERLYING CONTRIBUTING	OR CAUSE OF			K					
VISION STATE OF THE STATE OF TH	MEDICAL	21d. INJURY OC	CURRED	21e PLACE C			OCATION STREET	C711 CD 701111			
ARB ARB	1 2	AT WORK	NOT WHILE []	ORT, PARM, ETC.)		SIREEI	CITY OR TOWN	COL	YTAL	STATE
DIVISION OF YETHIS CERTIFICATE THE WRITING THE WARWARDED TO THE ESTATE DEPARTMEN D, 21201 PRIOR TO B		22a. Leertify that I taak charge of the remains described above, held an Autopsy . Inspection XX Inquiry . and in my apinion									
NO THE N		death resulted		ral causes		uicide	, Hamicide .	Undetermined manner		nnian	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							TITLE (SPECIFY)	orderermined mariner			
A H H H H H H H H H H H H H H H H H H H		ACTUAL SIGNATURE_	Uliva	luca L	Dolar	N	A.D. Assistar	1 MEDICAL EXAMINER	DATE	12-12	-81
DEAR STATE			1			100					
O MEDICAL EXAMINER: T XECUTE THE CERTIFICATE, AGE 4 SHOULD BE FORM OF THE THE ST ATTIMORE, MARYLAND, 2		EXAMINER'S N (TYPE OR PRIN	AME Vito	ginia L. I	Dolan, M.D.		ADDRESS	II Penn Str	et		
5 A S S S S S S S S S S S S S S S S S S	23a. E	SURIAL, CREMATI	ON, REMOVAL	23b. DATE	23t. NAME OF CE			236 LOCATION	CQUI	NTY SI	TALE
O BP_BP_		Bur		12/16/81	Westvi	ew M		Baltimor		1996	ďĎ
0702 DHMH-17	24 F	WHE C		F/H ADDRESS	01 E. Nor	th :	ATTO 250, DATE	REC'D. BY REGISTRAR 25	GISTRARS	IGNATURE 20	lg/k
(VR A15 ME (5)) 15M 2/80			1101 011	-/	OT 11. MOI	, CII Z	DE.	OTIO	U,		



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CERTIFICATION

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BALTIMORE CITY

81

DAYS

INDUSTRY

COUNTY

COUNTY

STATE

STATE

IF UNDER 1 YEAR

26 HOUR

12b. KIND OF BUSINESS OR

10:07 m

FOR - STATE CERTIFICATE OF DEATH REGISTRAR LAST MIDDLE FIRST

REG. NO DECEASED NAME 20. DATE OF DEATH MONTH TYPE OR PRINTI JOSEPH LEE BATTLE SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) YEAR MALE BLACK 01 05 20 61 70. BIRTHPLACE I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

MARY LAND U.S.A. WIDOWED DIVORCED X ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

12n USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE VETERANS ADMINISTRATION MEDICAL CENTER

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 136 COUNTY 13e. STREET ADDRESS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 4713 HOMER AVENUE YES X NO [

15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE BATTLE VIOLA

SMITH ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES WWII 220090142 3900 LOCH RAVEN BLVD VA MEDICAL RECORDS

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY 30 Minu IMMEDIATE CAUSE DUF TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NOF YES [

210. ACCIDENT WAS UNDERLYING THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19

MEDICAL WHILE NOT WHILE DECEMBER 12 81 DECEMBER 22a I certify that (this hospital) attended the deceased from_

211. LOCATION

saw the deceased olive on DECEMBER 26 above, th (we) (did) (manufaciew the body after death 81, and that in XX (our) opinion death occurred an the date and hour and from the couses stated

22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 3900 LOCH RAVEN BLVD

23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE CITY OR TOWN

BURIAL 2-31-81 CHELTENHAM VET

CHELTENHAN MARVIAND

CITY OR TOWN

24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4)

21d. INJURY OCCURRED

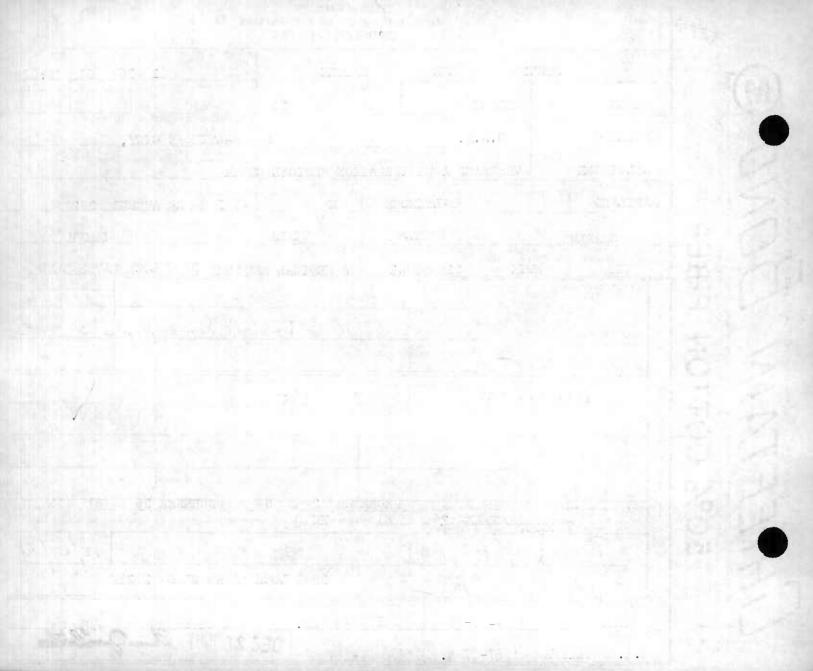
CHARLES

1721-27 N. MONROE STREET

21e. PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE, FARM ETC)

E.L. PHILLIPS



STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	KEOISTKAK				. ditte of being	REG. NO.		
	1 DECEASED NAME FIRST MARGA	RETMARTE	BATZER		LAST	20. DATE OF DEATH MONTH	981	26 HOUR
	3 SEX	4 RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	White		0ct	ober oth, 1906	75 YRS.	MONTHS DATS	HOURS MIN.
1	Baltimore, Md.	USA	WHAT COUNTRY?	MARRIE		9. BALTIMORE CITY <u>OR</u> COUNT Baltimore Cit		MD.
	Balto. City	6412°4	alkirk R	Topressi 2	OR OTHER INSTITUTION 1239	12d USUAL OCCUPATION [1] Homemaker of working		F BUSINESS OR
1	NUSUAL RESIDENCE (IF NURSING HOME 130 STATE 136 CO		Balto.		13d. INSIDE CITY LIMITS?	8412 Falkirk Ro	ι.	
P.	John T. Kear	ney	LAST		15. MOTHER'S MAIDEN NA/ Catherine Sch	·-	IAS	ī
	16a WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES. C	ARMED FORCES? SIVE WAR OR DATES)	217-22-7		Mr. Geo. W. I	Batzer, Jr.		
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUSED IMMEDI	only one couse per SED BY ATE CAUSE (0)	line for (a), (b), and	d (cv)	ASCY	0	BETWEEN C	MATE INTERVAL
	Conditions, if ony, which gove rise to immediate	DUE TO, O	r as a conseque	NCE OF	Ventre	In fahille	1-5	By
	couse 101, stating the underlying couse last.	(c)	r as a conseque					
	0					inal disease or condition g		
	M 19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED -	20a AUTOPSY? 20b. IF YI	S, WERE FINDIN	IGS USED

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

21d INJURY OCCURRED

23a BURIAL, CREMATION, REMOVAL

21b. TIME OF INJURY HOUR A.M.

(1) This hospital) attended the deceased from

MONTH DAY YEAR P.M 21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM, ETC |

211. LOCATION STREET

and that in (my)

22e ADDRESS

DEGREE

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOF

CITY OR TOWN

IN CERTIFYING CAUSES OF DEATH?

STATE

our) opinion death occurred on the date and hour and from the causes stated ATTENDING STAFF

Dahr M.D. Raymond

so the discount of e on obove the body after death

23c NAME OF CEMETERY OR CREMATORY Cathedral Cem.

Balto City

DIRECTOR PHYSICIAN

COUNTY

M diale

Burial

Mitchell-Wiedefeld Home-6500 York Rd. 21212

23b. DATE 12/10/81

MEDICAL

DHMH-16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRE should be detoche with the State Dep

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morked or Item

MPORTANT.

24 FUNERAL DIRECTOR

MEDICAL

.T. . TOTAGO 1807 257 -25-745. On the city and the course the first

STATE OF MARYLAND

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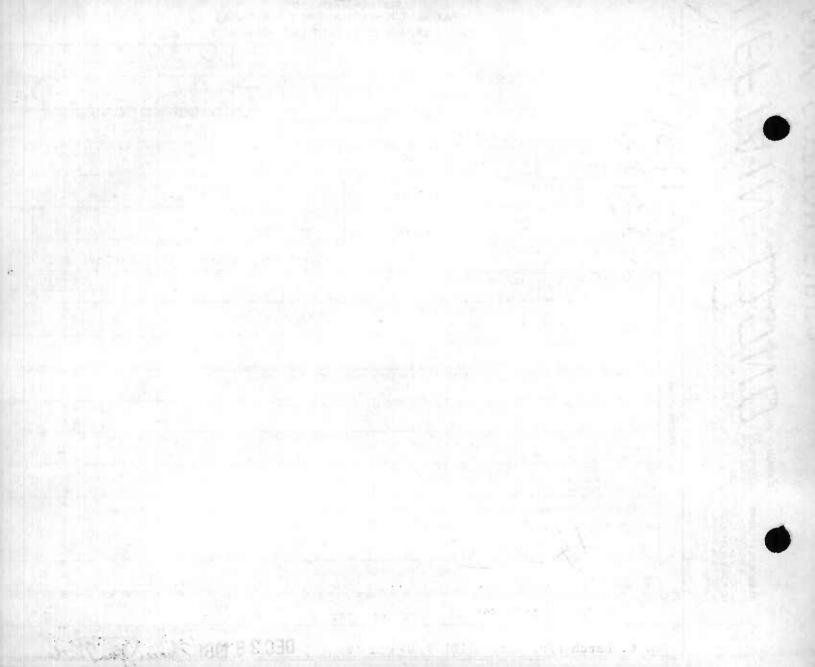
Euclel a 12/19/c1 bandon Firsk at myor and allowed

1030 Eccendus (Vicinio , Datamevillo, Rd. 21226 | DE | 0 108

X2,				STATE OF MARYLAND	eru. u	as a second
12	1	FOR - STATE	DEP	ARTMENT OF HEALTH AND MENTAL HY	rgiene 3	5 1 1 8 %
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1.0	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
e p		PE OR PRINT) Susan	В.	Paulan	12 1	8 1981 M
ò (1)	3.5		4 RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	8 1981 M
M	8 3			MONTH DAY YEAR		MONTHS DAYS HOURS MIN
960	140	Female BIRTHPLACE ISTATE OR FOREIGN	Cauc.	1 25 1924		
4 70 D	2	COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	ITY OF DEATH
de de	0	Md.	U.S.A.	WIDOWED DIVORCED	Baltimore C	lity MD.
è 11 2	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) INDUSTRY
5 5 6	0	Baltimore	And the second s	t Ave.	Clerk	Bakery
P12	US	UAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		Hanery
ZO 4 h 24 h most	3	Md . 13b. COUI		imore YES NO		
She she	14.	FATHER'S NAME	Indit	15. MOTHER'S MAIDEN N		ve.
dele K	30	FIRST	MIDDLE LAS	FIRST	MIDDLE	LAST
	late.	Nicholas &	Beis		100000	Niesz
MORE,	160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL E WAR OR DATES)	SECURITY NO. 17. INFORMANT	ADDRESS	
BALTIMOR cote be exe opers. Poge vool.		No	219	18-7092 Joseph Ba	uer 7 S. Fast	Ave.
BALTI icote b hysictor popers. oval.		18. CAUSE OF DEATH Enter or	nly one cause per line for ia	bl, and ici A > D		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., BA		PART I. DE ATH WAS CAUSE		statue Dreast	Carcin mo	
		1749				
PRESTON he death c ne ottendin emove cork motion, or r troumotic		Conditions, if any, which	DUE TO, OR AS A CONS	SEQUENCE OF		
RESTC e death move c notion, troumc		gove rise to immediate	(b)			
W. PR		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF		
o + p o o		onderlying coose last.	(c			
	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	SIVEN IN PART 1(0)
	CERTIFICATION					
ow r ow r prior	2/8	190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
t p b b	/ =				YES NO	YES NO
ON OF VITA IYSICIAN: The ding physicion of secreticate I wourial-tronsit Mental Hygies of the most them 18 sho	7 8	210. ACCIDENT WAS UNDERLYING	110110 1 11 110110	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
NOF SICIAL ng ph ng ph certific rial-tr entol I them 1	1 4	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		
DIVISION OF VIT	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION		
IVISK OF PH of the cond is a she k	A	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, O		CITY OR TOWN	COUNTY STATE
		AT WORK		9 13	19 1010	
END ol ol ol ol ol ol ol ol ol ol ol ol ol ol ol ol o		22a. certify that (I) (this hospi		, 19	10 to	5, 9 51 , that (i) (we) last
A ATTENIA hospital RECTOR: ed for us pt. of He em 21 is s		above, (1) (we) (did) (did no		ond that in (my) (aur) apinio	n death occurred on the date and h	nout and from the causes stated
8 4 8 9 G 9		22h SIGNATURE	. 011	DEGREE		22c. DATE SIGNED
		Dais 16	1 the	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/12/21
HOSPITAL med by th FUNERAL uld be det or the Stote		226. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS	C A	77070
O HOS etoined TO FUN Should be with the		Davis M	Xt. las	5601 La	ich Raven B	1.1 21728
TO HOSPITAL retoined by th TO FUNERAL should be deten with the Store	- 02		- Gana			100 21237
2/10	230	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	236 NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
26/0BP		Burial	12/21/81	Meadowridge Cem.		timore mMd.
DHMH - 16 60M 7/73	24	FUNERAL DIRECTOR	ADDRE	SS	TO RECOUNT REGISTRAR 256. HE	STRAPS WIGHTORE TO SHOW
(VR A 15 (4))	B	. Dabrowski &	Son 2818 E	. Baltimore St.		
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12 11 221 25 1 24 57 x Most and the second of the sec Is sugged the 7 S. Diet va. I Cark of the Desert . av. j. v. S Burks) 12/21/81 hermowitone Des. MARSETSHIA · and a second The state of the Sound of the state of the s E E E E Y Y E E E ing the state of t name of the first illier F. Eventer F. - Theres we believe the comme Commence of the second second second tion take to be an voyal COL Hamis W. Junina & Son Co. 15.00 5.00 1 -4.2 \ ** -1.1 =

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 3 8	e.j
REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME FRST MODILE LAST 20 DATE VALOUEL TO USE THE PROPERTY OF THE PRO	
(TYPE OR PRINT)	Zb. HOUR
Joseph Baylor DEATH MATED X 12 24 19 81 3. SEX 4. RACE 5. DATE OF BIRTH DAY VEAR LAST BIRTHDAY) MONTHS DAY VEAR LAST BIRTHDAY MONTHS DAY MONTH PRONOUNCED DEATH MONTH DAY VEAR DAY MONTHS DAY MONTH DAY VEAR MONTH DAY VEAR MONTH DAY VEAR DAY MONTH DAY VEAR MONTH DAY VEAR MONTH DAY VEAR DAY MONTH DAY VEAR M	2d. HOUR
Joseph Baylor DEATH MATED W 12 24 19 81 3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 10 16 81 YRS. 2 DAYS HOURS MIN. PRONOUNCED DEAD 12 24 19 81 AND HOURS MIN. PRONOUNCED DEAD 12 24 19 81 WIDDWED DEAD PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City Baltimore City Baltimore City PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City Baltimore City PRONOUNCED DEAD 12 24 19 81 DEATH MATED W 12 24	6:15
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH POREIGN COUNTRY) Real timore City Real timor	- · · · · · · · · · · · · · · · · · · ·
	AAD
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (TYPE OF WORK OR INDUSTRY Baltimore Baltimore City Hospital) 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY OR INDUSTRY DEATH)	INESS
Baltimore Baltimore City Hospital USUAL RESIDENCE (IF IN NURSING NOME OR CITHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. STATE 136. STREET ADDRESS YES NO 5913 Laclede Rd. 15. MOTHER'S MAIDEN NAME	
14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST	
Joseph A. Baylor, Sr. Carletta Henson	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
No N/A Carletta Baylor 5913 Laclede Rd.	
APPROXIMATE IN PART I DEATH WAS CAUSED BY: BETWEEN ONSET A	NTERVAL IND DEATH
7980 IMMEDIATE CAUSE (6) Sudden infant death syndrome	
Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: DETWEEN ONSET A DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-lying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Conditions of the immediate cause (o) stating the under-lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTR	
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190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 120 AUTOPSY?	
YES J. 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	NO []
TO AUTOPSY? VES UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED 217. LOCATION 218. LOCATION 219. DATE OF OPERATION 199. DATE OF OPERATION 199. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. AUTOPSY? YES UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED 217. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	
CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION	
WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
CE NIMORY ALWORK	
220. I certify that I took charge of the remains described above, held an Autopsy V Inspection , Inquiry , and in my opinion	
death resulted from Natural couses V. Accident , Suicide , Hamicide Undetermined manner ,	
220. I certify that I took charge of the remains described abave, held an Autapsy XX Inspection , Inquiry , and in my opinion death resulted from Natural squees XX Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE	
SIGNATURE MEDICAL EXAMINER SIGNED	9 1
death resulted from laterologises LXX Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE	201
Burial 12/28/81 Church Cemetery Joppa MD	
24, FUNERAL DIRECTOR NAME ADDRESS 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
Wm. C. March F/H, Inc. 1101 E. North Ave. DEC 28 1981 Flores Va White	



						STAT	E OF MARYLAND	0	2000	1 1 0	100
	1.	FOR STATE			DEPA		EALTH AND MENTAL H	IYGIENE O	0	1 1 0	2
		REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.		
		CEASED NAME	FIRST	i i	MIDDLE		AST	20. DATE OF DEA	TH MONTH	DAY YEAR 26 HO	
	(III)	CA PRINT)	DELMA		V.	BAY	NES		12 0	24 81 14	AM
	3. SE	х	4.	RACE		5. DATE C		6. AGE (IN YEARS L	. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER		R 24 HR5
		Female		Whi		MY MY	21 1925		YRS.	MONTHS DAYS HOURS	MIN.
5		RTHPLACE ISTATE OR I COUNTRY) Baltimore M		U. S.	A.	RY? 8. MARRIE WIDOWE	D NEVER MARRIED		TY OR COUNTY	OF DEATH	MD
4		CITY	X	THE U	NION	SING HOME O	HOSPITAL	120. USUAL OCC		12b. KIND OF BUSIN INDUSTRY Greenhouse	VESS OR
1	13a. S	AL RESIDENCE (IF NURS	SING - IN OLD	HER INSTITUTION.	GIVE RESIDENCE BE		13d. INSIDE CITY LIMITS	2 113 STREET ADDS	FCC	51550	
2	100	Md.	Balti	more	Bowleys		YES NO PA	1121 Se	neca Rd.	Balte. Md.	•
	14. FA	THER'S NAME					15 MOTHER'S MAIDEN	NAME			
C		August	MIC	DLE	Wald	nauser	1da	MID	DIE	Coleman	
		VAS DECEASED EVER			166 SOCIALS		17. INFORMANT	A	DDRESS	21220	
2	(no or unknown)	(# YES, GIVE W	'AR OR DATES)	216-20	00-604	Charles Ba	ynes , 112	l Seneca	Rd.Baltime	ore, M
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	one couse per	line forg), (b)	, and (c).)	1			APPROXIMATE INTE	RVAL D DEATH
		PARTI. DEATH W	IMMEDIATE		Tues	nonde	y Eden	1		12 hos	us
		2019		DUE TO O	R AS A CONSE	QUENCE OF	0/			126.	
		Conditions, if any,	, which	(b)	gur	cust	in flew	cal Eple	usim	10 KG	us
		gave rise ta imr cause (a), statin	nediote	DUE TO O	AS A CONICE	OHENCEDE				./	
		underlying couse		(6)	R AS A CONSE	1 Hora	Lehenis K	empho	na	124 ye	us
		PART 2. OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR	CONDITION GIVI	EN IN PART 1(a)	
	NO	1	1.	via							
	CERTIFICATION	19a. DATE OF OPERA			TION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY	, 20b. IF YES	, WERE FINDINGS USE	D
2	FIC	7- 7-						YES T NO	_/	YING CAUSES OF DEA	
	ERT	21g. ACCIDENT WAS UND	DERLYING	21b. TIME O	F INJURY		21c. HOW INJURY OCC		Magail	had h	
1		OR CONTRIBUTING	CAUSE OF DEATH		M. MONTH			CENTER MATORE		na (
	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURE		P.,		19	204 LOCATION				
	ME	1		21e. PLACE (EET, FACTORY OFFI	ICE, FARM, ETC)	21f. LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
		AT WORK AT WO	RK L								
	140	22a.1 certify that (1)		10 01	/	C /	19 8	, ta_/d-	24	19_8_, that (1)	
		saw the decease obove (1) we (c	did did not)	iew the body	after death.	9_0/	nd that in (my) (aur) opini	an death accurred an	the date and hau	and fram the causes s	toted
		226. SIGNATORE	1	2-1	1		DEGREE			22c. DATE SIGNED)
		Catre	cia Vi	h. Da	lsle	1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PI	STAFF	12-24	-81
1		226. PHYSICIAN'S NA				1	22e ADDRESS	2	1	0 1	
		PATR	ICIA	WALST	1 1	w	202 Ells	no face	way	/sulto 1	UD
		BURIAL, CREMATION,		23b. DATE			EMETERY OR CREMATOR		ANI O DO	lto: Md.	STATE
		Burial	•	12-28			ood Cemetery		TTO DO	Tiu.	
		F. Tassahn	11750			Boy 1		ATE REC'D BY REGIS	King	A CHARLES	
	Cin	.c.Lassann.	11/50	DELAIT	TICLA FAC	Ja DUX L	I I I I I I I I I I I I I I I I I I I	DEL V LIGHT	A District and Park	W.	

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STATE OF MARYLAND

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	FOR STATE REGISTRAR			EPARTMENT	OF HEALTI	MARYLAND H AND MENTA CERTIFICATI		REG. N	3 1	1 8	1
W-J-491-2	TYPE OR PRINT)			MIDDLE	Dr	LAST		ATE KNOWN OF ESTI-		3 19 81	2b. HOUR
RECTOR BRECTOR BR FILE 2 HOUR 4 STREET	3. SEX		DATE OF BIRTH	YEAR LAST B	IN YEARS IF U		DER 24 HRS. 2c.	DATE NOUNCED DEAD	момтн 12	3 19 81	2d HOUR 6:23
	male 7a. BIRTHPLACE (FOREIGN COUNTRY		9 19 b. CITIZEN OF WH	51 30 AT COUNTRY?	8. MARE	RIED NEVER MA	ARRIED 9. BA	LTIMORE CITY	OR COUNT		1 а м
STATE OF	Ohio 10. CITY OR TOWN Balti	more	auto - 3	17 Gitti	ngs Ave	HER INSTITUTION	120. USUAL O	Ltimore CCUPATION (T F WORKING LIFE) rly		12b. KIND OF B OR INDUS Hospit	TRY
21201	Md.	E (IF IN NURSING HOME OR O		13c. CITY OR TO		13d. INSIDE CITY LIMIT	□ 317 (DDRESS Gittings	a Ave.		
DEATH.	14. FATHER'S NAMERICAL FIRST BLISWOT 160 WAS DECEAS	th ED EVER IN U.S. ARME	MIDDLE D FORCES?	Beatty 16b. SOCIAL SEC	URITY NO.	15. MOTHER'S MARIE FIRST June 17. INFORMANT		Evelyn ADDRES		ckerly	
PAGENT IN	Yes, NO, OR UNKN	OF DEATH (Enter only	AR OR DATES)	179-40-	8168	James E	. Beatty	E. Mo	cKeesp	ort	
S CRITIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS STRING THE WORD "IN PERCIL IN TEM 18 RETING THE WORD "IN PERCIL IN TEM 18 ACED TO THE CHIEF ARBICAL EXAMINER ALONG WE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIER OI PRIOR TO BURIAL, CREMATION, OR REMOVAL	gave cause (cause (cause for lying co	IMMEDIATE ons, if any, which rise to immediate a) stating the <u>under-</u> ruse last. SIGNIFICANT CONDITIONS COI	(b)	AS A CONSEQUEN	NCE OF	intoxicat					
VITAL REC SHOULD BI ORD "PEN CHIEF MEN IT OF HEAL! TOF HEAL!	190. DATE O	FOPERATION	19b. CONDITI	ION FOR WHICH	OPERATION V	WAS PERFORMED?				20 AUTOPSY	1? NO 🛭
CERTIFICATE SI CERTIFICATE SI TIME THE WO DED TO THE WO SI SHOULD BE DEPARTMENT I PRIOR TO BU	CONTRIBUT	IAL CAUSE WAS IG OR ING CAUSE OF DE OCCURRED	21e PLACE O	MONTH DAY X 12-3- 1 FINJURY (AT HO)	YEAR 9 81 Ir 46. 21f. LC	nhaled au	to exhaus	t fumes	•	RT 2)	
DIVISION OF VITA TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICACE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIT TO FUNERRAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEFATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIL	AT WORK	MA	af the remains desc		317 on Autor Suicide	psy , Inspe , Homicide TITLE (SPECIFY	S Ave Ba	ed manner	and in my ap	10.7.0	Md.
TO MEDIC EXECUTE PAGE 4 & TO FUNE AFTER DE BALTIMO	EXAMINER': (TYPE OR PR	S NAME Ann			F CEMETERY C	_ADDRESS1	11 Penn S		COUP	NITY	STATE
BP	Remo 24 FUNERAL DIRE NAME Anatomy	CTOR	12/4/81 ADDRESS Balto.	Md.			ATÉ REC'D. BY REG		GISTIP P	1 71	DIAIE

117 Tittalage Ave.

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199-40 Total Caree . Santy I. Selection of the

	pe	ot p		ETH	EL /
	death. Page 4 may		3. SE		1. RACE WH
	Jeoth. Pog	De 72 ho		IRTHPLACE (STATE OR FOREIGN COUNTRY)	16. CITIZEN OF WHAT
101		1	,10. ⊂	13 ALTO	11. NAME OF HOSPIT
AND 213	n 24 hau	filled in nould be	USU, 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	R OTHER INSTITUTION, GIVE RES NTY 13(. CI
MARYL	ted withi	completely filled in b	14 FA	ROLAND	MIDDLE CHA
TIMORE	be execu	S. Pages		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SO VE WAR OR DATES)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	requires that the death certificate be executed within 24 haurs after	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in bit should be defached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be the with the State Dept. of Health and Membal Hygrene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked at them 18 shaws any injury, at ather traumatic event, the medical examiner must be a prior to the pri	NO	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (Contraction)	DUE TO, OR AS A (b) DUE TO, OR AS A (c)
AL RECO	MD.	sit permit.	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION F
IVISION OF VIT	ATTENDING PHYSICIAN: The	R: After this certifications os the burial-transfect and Aeath and Mental Hygis marked at Item 18 si	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAM.) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT YORK	215 TIME OF INJU OUR A.M. M P.M. 216. PLACE OF INJU (AT HOME, STREET, FAC
	OR OR	AL DIRECTOR: Af- detached far use a ate Dept. af Health IT: If Hem 21 is mai		228.1 certify that (1) (this hosp saw the deceased alive an above. (1) (70) at 1) 2did no 226. SIGNATURE	1 1 1
	TO HOSPITAL	Should be detached with the State Dept.		22d PHYSICIAN'S NAME (TYPE O	PRINT) Massid
	- h-		F 22 - E	HIDIAL CREALATIONS DESCRIPTION	1001 0 175

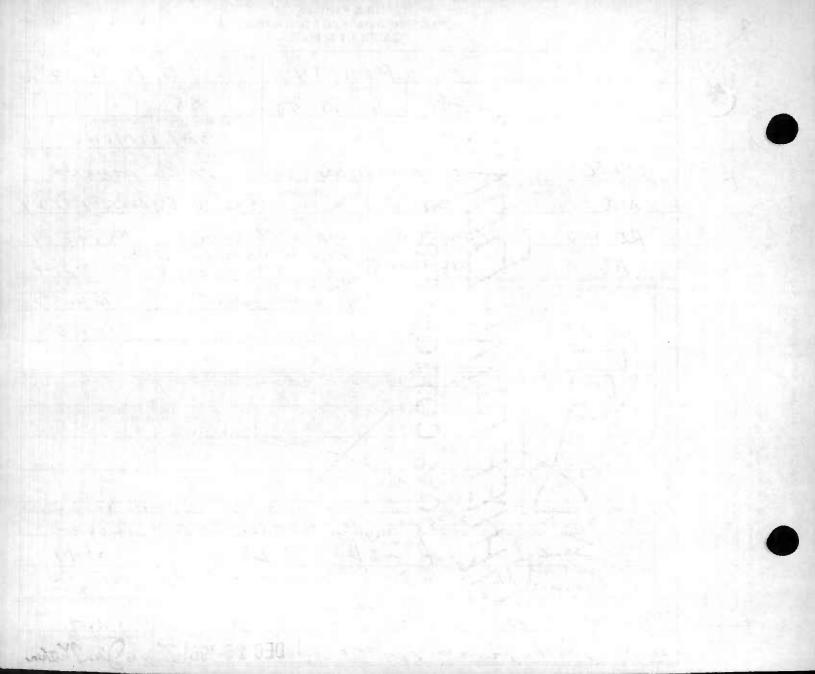
24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 -	FOR STATE REGISTRAR			DEPAR		HEALTH AND MENTAL HY FICATE OF DEATH		REG. NO.	1 1	0 0
		FIRST	۸	MIDDLE		LAST	2a. DATE OF DI	EATH MONTH D	AY YEAR	126 HOUR
TYPE	OR PRINT)	ETHE	=L	C.	B	EATTY		12 14	+ 81	445 AM
. SE	X		4. RACE	1			6 AGE (IN YEAR	S LAST BIRTHDAY)	FUNDER I YEAR	IF ONDER 24 HRS
	FEM		u	HITE	MONT 11	14 93		8 8 YRS.	ONTHS DAYS	HOURS MIN.
		FOREIGN	76. CITIZEN OF V	SA-	MARRIE		9. BALTIMORE			E MD.
	BALTO		(IF NOT IN SUCI	OD S	TADDRESS)	OR OTHER INSTITUTION	TYPE OF WORK FO	R MOST OF WORKING LIFE	INDUSTRY	OF BUSINESS OR
3a. S	Md					13d. INSIDE CITY LIMITS? YES NO	532 1	. 4 . 1 . 1	RSITY	25210 PKW Y
I FA	ROLAN	D	AIDDLE	HAM BE	RS	MARIE E		AIDDLE ETH	MOF	FETT
DECRASED NAME DECRASED NAME TRAIL ADDRESS TRAIL ADDRESS		1214								
	Conditions, if ony, gove rise to improve (a), static underlying cause	/AS CAUSEI IMMEDIAT , which mediate ng the last.	DUE TO, OR (b) DUE TO, OR (c)	R AS A CONSEOU R AS A CONSEOU	ENCE OF	try occordeil	Iwave		yes	TS.
TIFICATION							20a AUTOPS	Y? 20b. IF YES, IN CERTIFY	WERE FINDIN	NGS USED OF DEATH?
CAL	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CALEXAN	P.A. 21e. PLACE C	M. MONTH (M. DF INJURY	19	2H LOCANON				STATE
N	AT WORK AT YOU	RK			7400, 610.1			white	0,	
	saw the deced above. (1) (WA) 22b. SIGNATH	alive an		12/12/19	h, D	DEGREE ATTENDING PHYSICIAN	death occurred o		22c. DATE	causes stated
3n B	G	endo	PRINT) Mass	10 4.	NAME CE	8100	Harford 120 ATE	M.	Bulte	1230
							CITY OR T	OWN	COUNTY	STATE

DHMH-16 30M 2/80 (VRA 15, 4)

DEC 16 1981



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000		STATE		AAT	DEPARTMENT				-	0 1	1 0	
- fi		REGISTRAR	FIRST	MI	MIDDLE	JINEK 2			KEG	. NO.		10.0
		CEASED NAME	FIRST		MIDDLE		LAST		OF ESTI-	X	DAY YEAR	2b. HOUR
HE SE					F.		CK		DEATH MATED	12-16	14	M
THE SE	3 SE)		RACE	S. DATE OF BIRTH	6. AGE	(IN YEARS IF UT			2c. DATE PRONOUNCED	HTHOM	DAY YEAR	7:24 7:34
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ALEGA S		Md.		U.S	.A.	WIDOV		ORCED	Baltimo	re Cit	У	MD
2 H H G 2	10 C	TY OR TOWN OF		11. NAME OF HO	SPITAL, NURSING H		HER INSTITUTION	12a. USU	AL OCCUPATION	(TYPE OF WORK	126 KIND OF BU	USINESS
A E E A		Baltimo	re	Johns H	opkins Ho	Spital		FOR M	NOST OF WORKING LIFE)		Railro	
SP SP ST					GIVE RESIDENCE BEFORE AD		1				THEFT	roc oc
2 F 2 F 2 F 2		VId.	13b. COUN	TY	Baltimo		13d INSIDE CITY LIMI	13e. STRE	ET ADDRESS	irmour	nt Ave.	
ALR		THER'S NAME			par orme	71.0	15. MOTHER'S M		o B. Ta.	TTIIIOUI	TO AVE.	
₹9201	1	Villiam		MIDDLE	Beck		Adele		MIDDLE	Т -	illy	
8 <u>₹</u> 0 —		VAS DECEASED I		MED FORCES?	16b. SOCIAL SEC	URITY NO.	17 INFORMANT		ADDI		тту	
SSS S	{Y	ES, NO, OR UNKNOW!	4) {IF YES, GIVE	WAR OR DATES)	213-26-		Tomou	Book !	79/19 Va	0+1 T	24	
PAGIN		res	Kor				Leroy	Deck	7848 Kei	TULY I	APPROXIMAT	TE INTERVAL
0 × = 0		18 CAUSE OF I	DEATH (Enter onl TH WAS CAUSE)	ly one cause per lin DBY:	ne for (a), (b), and (c)						BETWEEN ONSE	ET AND DEATH
A SER OFF		4170	MMEDIAT	TE CAUSE (o)	Arterios		c cardio	vascuta	ar diseas	e		
WO A PI		Conditions	if ony, which	DUE TO, O	R AS A CONSEQUEN	NCE OF						
THIS CERTICALE SHOULD BE EXECUTED WITHIN 24 HOURS AFFER DEATH. IF ANY DELAY IS. WARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE SHOULD BE EXHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED FIRED FROM THE DEPARTAMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF XITAL RECORDS, 201 V. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	-	gove rise	to immediate	(b)								
A F A S		lying cause	oting the <u>under</u> - lost.	DUE TO, O	R AS A CONSEQUEN	ICE OF					-	
S A A A				(c)								
8 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	_	PART 2 DINER SIGN	FICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE	TERMINAL DISEAS	SE DR CONDITION GIVEN	IN PART 1 101.				
AS A ALTI	CERTIFICATION											
A FE	3	19a. DATE OF O	PERATION	196. COND	ITION FOR WHICH	OPERATION V	VAS PERFORMED?				2D AUTOPSY	(?
5358 <	E										YES 🗌	NO V
SAN D	1	210. EXTERNAL	grants.	216. TIME C		YEAR 21c. H	IOW INJURY OCC	URRED (ENTERN	ATURE OF INJURY IN ITE	M 18 PART 1 OR PA	ART 2)	
2550	3	UNDERLYING CONTRIBUTING	CAUSE OF E			1						
PR PR	MEDICAL	21d, INJURY OC			OF INJURY (AT HO)		CATION		CITY OR TOWN			STATE
8 3 1 2	2	AT WORK	NOT WHILE [) 3,460,174	CONT, PARM, ETC.)		STREET		CITORIOWN	-	YINU	STATE
STA STA	1	22-1-1	4 . 1 . 1 . 5 .			an Autor		ection XX,				
A S O E A				IVV	escribed above, held		1		Inquiry L	ond in my o	pinion	
AL EXAMINES: THIS CRTIFI HE CERTIFICATE, WRITING 1 HOULD BE FORWARDED TO AL DIRECTOR: PAGE 3 SHO (TH, WITH THE STATE DEPAR IE, MARYLAND, 21201 PRIO!		death resulted	trom: Notur	ol couses IAA	Accident	Suicide	, Homicide L		ermined manner			
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AED REPORTED AND A STATE OF THE PORT OF TH		EXAMINER'S N	AME					44.5				
TO MEDICAL EXAM EXECUTE THE CERTIF FO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL	-	(TYPE OR PRINT		arita A.	Korell, M			11 Penr				
	230 B	URIAL, CREMATIC SPECIFY) Buria		3b. DATE			OR CREMATORY	CITY O	CATION	cou	NTY S	STATE
3P	24 5	BUT1A		12/19/8	1 Uak 1	awn C		ATE REC'D. BY		altimo		/ld .
DHMH-17	-	NAME		ADDRES				ATE REC D. BY	C 40 C	REGISTRAR'S) Harlow	
VR A15 ME (5)) 15M 2/80	B.	Dabro	wski &	Son 28	18 E. Ba	ltimo	re St.	111	8 1981	(penu		phia .

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1101 E. North Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOU

IF UNDER 24 HRS

NO [

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

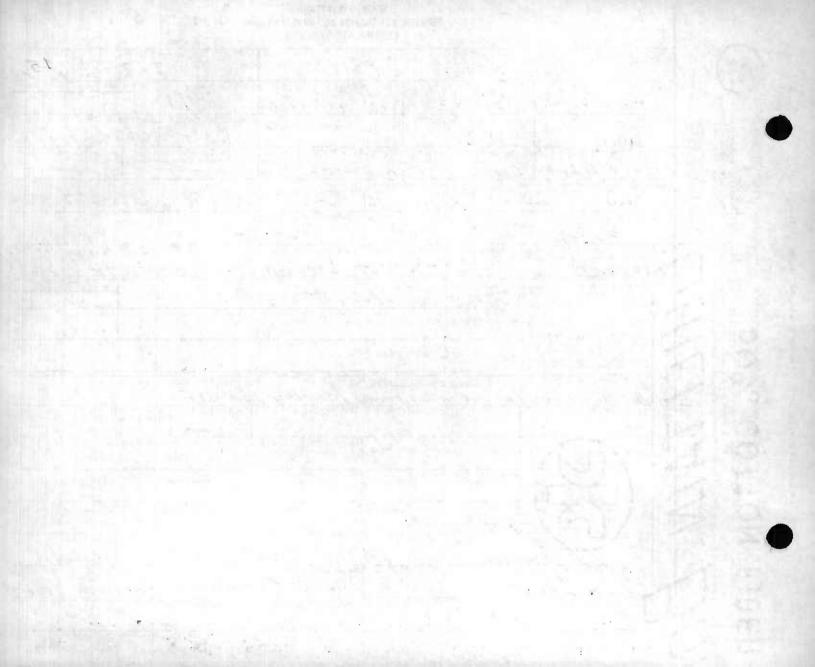
DHMH - 16 60M 7/73 (VRA15(4))

24 FUNERAL DIRECTOR

March F/H

- STATE

REGISTRAR



8	1 -	FOR STATE REGISTRAR			DEF	PARTMENT OF I	E OF MARY SEALTH AND SICATE OF	MENTAL HY	GIENE 8	REG. NO.	3 1	191
th th		CEASED NAME OR PRINT)	FIRST		MIDDLE		LAST		20. DATE OF		DAY YEAR	26. HOUR
deoth	3. SE	v	MILE	JRN 4. RACE		5. DATE (ARS LAST BIRTHDAY)	IF UNDER 1 YEA	
irs ofter	3. SE.					MONT	H DAY	YEAR		AKS LAST BIR (HDAY)	MONTHS DAY	
S TOOLES	7 . 7	Male		Black		6	6	26	55		RS.	
within 72 ho		RTHPLACE (STATE OR FO	OREIGN /	b. CITIZEN OF		MARRIE	_	RMARRIED -	9 BALTIMO	RE CITY <u>OR</u> COL	JNTY OF DEATH	
52	10 C	Md.	THE 1	U.S.		WIDOW JURSING HOME		DIVORCED [CCUPATION		M OF BUSINESS OF
1) fillied	10. C	III OK TOWN OF DEA	10			STREET ADDRESS)	JK OTHER IN	3111011014	(TYPE OF WORK	FOR MOST OF WORK	ING LIFE) INDUSTR	
oe so		ALTIMORE AL RESIDENCE (IF NURSI	ING HOME OR			RIAL HOS	PITAL		Maint	enance	Hos	pital
2	13a S	STATE	13P CON	TY	13c. CITY OF	RTOWN		CITY LIMITS?	13e STREET			
e e	14 54	Md.			Balto	0.	YES	NO R'S MAIDEN NA		Kennedy	Ave.	
		FIRST	M	NODLE	EAS	ST		FIRST	ME	MIDDLE		LAST
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medico		VAS DECEASED EVER	(IF YES, GIVE	WAR OR DATES)		SECURITY NO.	17 INFORM					
event, the me		Yes	1945	-47	212-2	20-4350	Mrs.	Valeri	e Bell	Balt	to., Md.	OXIMATE INTERVAL EN ONSET AND DEATH
injury, or other troumotic	NOI	gove rise to imm couse (o), storing underlying couse PART 2. OTHER SIGN	g the lost.	(c)	DK	SEQUENCE OF						7 73
n 18 shows ony	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	ITION FOR W	VHICH OPERATIO	N WAS PERF	ORMED	20a AUTO	PSY? 206. I	F YES, WERE FIND ERTIFYING CAUSI YES []	DINGS USED ES OF DEATH? NO
8		210. ACCIDENT WAS UNDER OR CONTRIBUTING C	AUSE OF DEAT	11	FINJURY .M. MONTH	H DAY YEAR	21c. HOW	INJURY OCCUR	RED (ENTER NA	URE OF INJURY IN ITE	M 18, PART 1 OR PART 2)
	MEDICAL	21d. INJURY OCCURR	ED	21e. PLACE	OF INJURY	OFFICE, FARM, ETC.)	211. LOCAT	TION		CITY OR TOWN	COUNTY	STATE
m 21 is morked or Item		22a I certify that (I) sow the decease oboxe, (I) (we) (d	(this hospite	ol) offended the	e deceased	from	_	, 19	, to 13	on the date one	d hour and from the	
NT. # He		226. SIGNATURE	tA:	Du	~ 10		DEGREE	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN		SI/8/
IMPORTANT: If them		224 PHYSICIAN'S NA	UNC	V Wo	div			NION ME		HOSPITAL		
2 1	23a E	BURIAL, CREMATION, I	REMOVAL	23b. DATE	on a	23c. NAME OF C	EMETERY OF	RCREMATORY	23d. LOCA	TION	COUNTY	STATE
		Removal		1/2/8	32	1						
2/80		UNERAL DIRECTOR NAME NAME NAME NAME	rd	Ba.		DRESS Md.			TE REC'D. BY RI	10	GISTRAR'S SIGN	Albertha

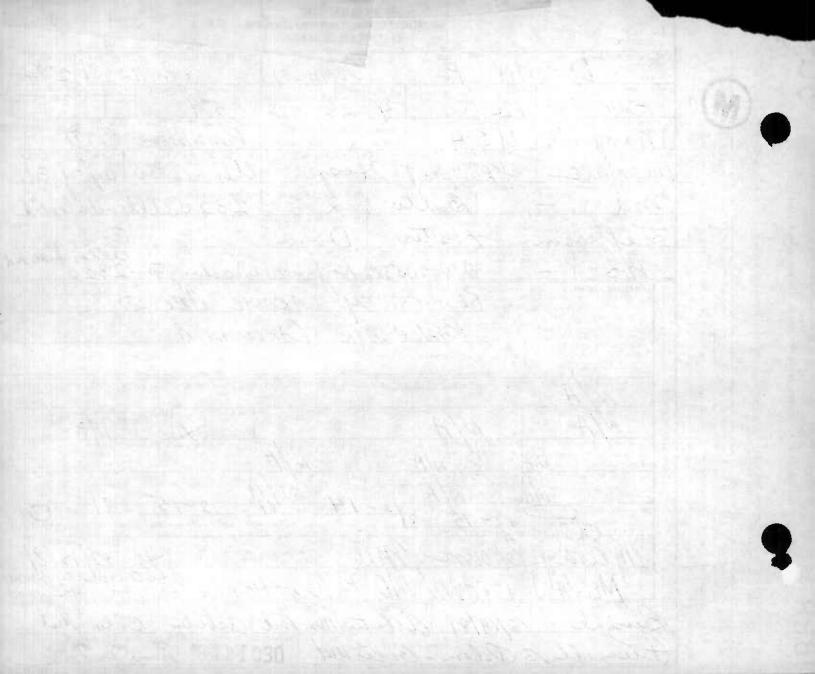
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Hell Talto., Md.	Mrs. Valerie	0224-00-010	74-21.0	Yes 1
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		A STATE OF		
LATTECH JAEN	DATES NOTING			CONTRACT !
		56	1/2/1	A.T.E.

8	1.	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 3 1 1 9 2 CERTIFICATE OF DEATH								
3	I. DE	CEASED NAME FIRST		MIDDLE LAST			REG. NO. 2a. DATE OF DEATH MONTH DAY YEAR 2b HOUR				
T	(TYP)	E OR PRINT)	TE T	I.		RELT		12 2	24 81	245 P	
4.0	3. SE		4 RACE		5. DATE C		6. AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
le.		Female	Whit		MONTH	_ DAY YEAR			MONTHS DAYS	HOURS MIN.	
-	-	IRTHPLACE I STATE OR FOREIGN	White	WHAT COUNTRY?	Aug		S BALTIMORE	YRS.	Y OF DEATH		
34		COUNTRY)				NEVER MARRIED		ORE CITY	TOI DEATH		
-	_	ITY OR TOWN OF DEATH	U.S.	HOSPITAL, NURSIN	WIDOWE	D DIVORCED [12a USUAL OC		12h KIND	OF BUSINESS OR	
14	BALTIMORE		THE UN	THE UNION MEMORIAL HOSPITAL			(TYPE OF WORK FO	(Type of work for most of working life) INDUSTRY Clerical Telephone			
35	USU 13a. S	AL RESIDENCE (IF NURSING HOLDSTATE 13b. C	AE OR OTHER INSTITUTION OUNTY	130. CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES 📆 NO 🗌		Homelan			
	14. F/	ATHER'S NAME	WIDDLE			15. MOTHER'S MAIDEN	NAME				
30		Joseph	L.	Robert	S	Edna		M	Hyne		
1		VAS DECEASED EVER IN U.S		166 SOCIAL SECU		17. INFORMANT		ADDRESS	11,411,6	75	
	1	YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	220-211-	01,57	Vernon H.	Bal+	Q-e	me		
1		18 CAUSE OF DEATH (Ent	er anly one cause no			· ·	DOLL	Da		CIMATE INTERVAL	
	MOIT		(c) SIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION					GIVEN IN PART I (a) YES, WERE FINDINGS USED			
2	CERTIFICATION				OPERATIO		YES 🗍 N	NO THE Y	ES _	S OF DEATH?	
9		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A.	PFINJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATUR	E OF INJURY IN ITEM 18	PART I OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE TO AT WORK	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
		220 I certify that (1) (this h saw the deceased aliv above, (1) (we) (did) (di				d that in (my) (aur) apinio	. 10	on the date and ha		that (I) (we) last causes stated	
		176 SIGNATURE	4 Eppl	ol, m	2		MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE	SIGNED 24/41	
1		22d PHYSICIPUS NAME (T	+ Epple	_		220 ADDRESS	H				
		BURIAL, CREMATION, REMO (SPECIFY) Burial	23b. DATE 12-28		vans	EMETERY OR CREMATOR Presbyter	ian Bal	to.	COUNTY	STATE Md.	
		enry W. Jen	kins & S			ON IN ALCO	EC 29 19	SISTRAR 256 REGIS	TRAP'S SIGNA	Wester .	

DHMH-16 30M 2/80 (VRA 15, 4)

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	FOR			STATE OF MARYLAND	2 1	7 1 1 9 3
	- STATE			OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE O I	0 1 1 7 0
Xo	REGISTRAR I. DECEASED NAME	FIRST M	IDDLE	KITICATE OF DEATH	REG. NO.	
9 m4 4	(TYPE OR PRINT)	COTHY	F	BENIN ETT	20. DATE OF DEATH MONTH	15 81 25 AM
o e	3. SEX Fames	le 1. RACE	5 C	ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
60	To. BIRTHPLACE (STATE OR FO	DESCRIPTION OF STREET	WHAT COUNTRY? 8	4 28 1922		(RS.
deoth. P	Maylon	1 716	n	ARRIED NEVER MARRIED DOWED DIVORCED	9. BALTIMORE CITY OR CO.	CE CITU MD.
offer and with a distribution of the f	BAITIM PRES	TH THAME OF H	OSPITAL, NURSING HO	OME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12h. KIND OF BUSINESS OR
2120 Jin by be filt	USUAL RESIDENCE (IF NURSI	ING HOME OR OTHER INSTITUTION, C			1 ammist	re Jugary, ca.
AND 2 hould thould the	ma	138. COONT	Balto	YES NO [13e. STREET ADDRESS 2320 a	llendale Rd
3 5 7 5 A	M. FATHER'S NAME	WIDDLE	Zanten)	15 MOTHER'S MAIDEN NA	AME	LAST
0-	160 WAS DEA A TO EVER I	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY	NO. 17 INFORMANT	ADDRESS	allendal ed
Me e e	796	(# TES, GIVE WAR OR DATES)	216-205.	387 Kulus M.	Washingto	2320
1 W. PRESTON ST., BALTI hot the death certificate b by the ottending physicia set remove corbon papers. I, cremation, or removal. other troumatic event, the	PART I. DEATH W.	DUE TO, OR which bediote The Due TO, OR Due TO, OR Due TO, OR Due TO, OR	AS A CONSEQUENCE	EATIC CAR	unc ARRE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ECORDS, 20 ow requires to been signed mni. Then ple prior to burio ony injury, on		(c)		BUT NOT RELATED TO THE TERM	20a. AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
TALRE lo ricion.	W/H	/	VIT		YES NO	YES NO NO
OF VI	OR CONTRIBUTION C	AUSE OF DEATH HOUR A.M	MONTH PAY	EAR	RRED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)
VISIO Then the and and ced of	GIF EITHER, NOTIFY MEDICA 21d. INJURY OCCURR WHILE AT WORK AT WORK AT WORK	ED 21e PLACE O	F INJURY	211. LOCATION	A CITY OR TOWN	COUNTY STATE
S B S B S B S B S B S B S B S B S B S B	220.1 certify that (I)	This hospita attended the	deceased from	2-14 19 8	1,10-12-15	, 19, that (I) (we) ast
NR ATTER hospito IRECTOR hed for ept of H Item 21 i	saw the decras obove, (I) we di	id) did not) view the body o	fter deoth.		death occurred on the date on	d hour and from the couses stated
the Dock	122b. SIGNATURE	W. Bhor	in 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/15/8/
TO HOSPITAL retoined by the TO FUNERAL should be det with the Store with the Store MARTANITAL MOREAUSTANITAL	224 PHYSICIAN'S NA	ME (TYPE ORPHINT) BRI	OWN MI	D- PROVIDENT	HOSPITAL BALL	OO LIBERTY HEIGHTS TIMORE, MARUIAND
C 20° = 2 × ₹	230. BURTAL, CREMATION	REMOVAL 236. DATE	23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	SOUNTY STATE
538 BP	24. FUNERAL DISECTOR	V2/19/	81 CM	enters Mm. Fach	TE REC'D. BY REGISTRAR 256, RE	Balo MO
DHMH - 16 50M 7/77 (VR A 15 (4))	A Name of	1 BON	ADDRESS 3	Dr. incl	C 1 6 1981	GISTRAK'S SIGNATURE



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X	1.	FOR - STATE REGISTRAR	DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 REG. NO.	3 1 1	9 4	
		CEASED NAME FIRST	Benne TT	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR	
	3 SE	Male	Black	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR	IF UNDER 1 YEAR IF UNDER 24 HRS	
20	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) N . C .		75 CITIZEN OF WHAT COUNTRY? USA	WIDOWE		Baltimore city or col	JNTY OF DEATH	ne Citimo	
39	C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IT SUCH FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK		OF BUSINESS OR	
a Sale U	130	AL RESIDENCE (IF NURSING NOME OF STATE MD	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY Baltim	ore	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 5517 Stone	ewood Ro	d .	
exomine	14 F/	ATHER'S NAME FIRST Jeff	MIDDLE LAST Benne	tt	15 MOTHER'S MAIDEN N. FIRST Emma	AME MIDDLE ADDRESS	Pra	ast att	
2 medical		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)				Bradfo	ord St.	
other troumatic event, th		PART I. DEATH WAS CAUSE IMMEDIA Goditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ence of	subdeval	rest	APPRO BETWEEN	XIMATE INTERVAL L'ONSET AND DEATH	
injury, or oth	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
nows on	CERTIFICATION	190 DATE OF OPERATION			leval bourton	YES NO	IF YES, WERE FIND ERTIFYING CAUSE YES [
18 g	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	AY YEAR		RRED (ENTER NATURE OF INJURY IN ITE	M 18, PART OR PART 2)		
orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
m 21 is m		saw the deceased alive an abave, (I) (we) (did) (did no	ital) attended the deceased fram	8 1°, ar		death accurred an the date and	d haur and fram the		
Z		Mulael R.B.	roden Sin P.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 13/	12/8/	
RTA		22d. PHYSICIAN'S NAME (TYPE O	PR PRINT)		22e ADDRESS	-11 17 1+1	- 111		

BP. DHMH - 16 50M 1/76

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshauld be detached for use as the burial-transit permit. Then please remove awith the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO HOSPITAL OR ATTENDING PHYSICIAN; The low etained by the hospital ar attending physician.

(VR A 15 (4))

24 FUNERAL DIRECTOR Wm. C. March F/H

23b. DATE 12/16/81

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

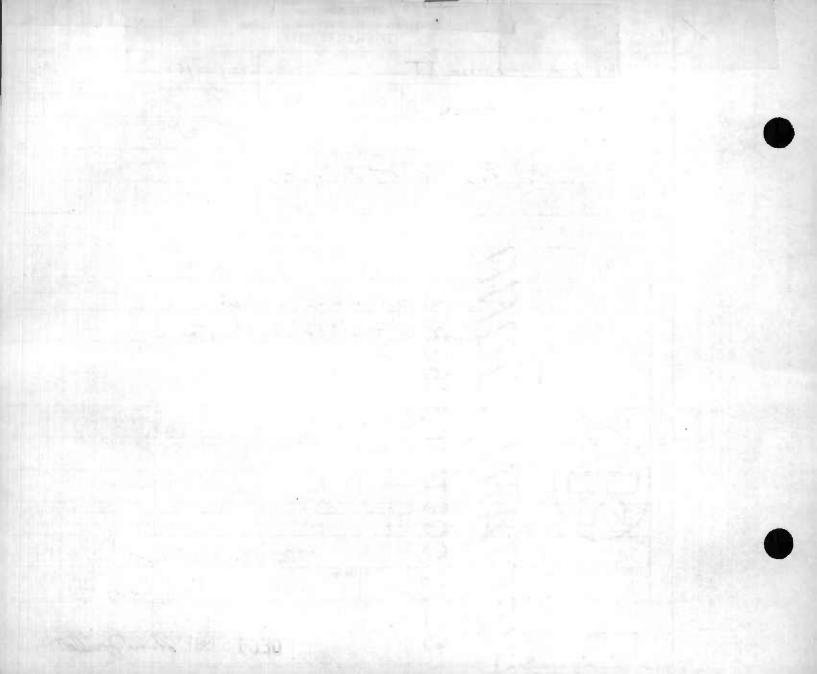
Mt. Calvary Cem. 1101 E. North Ave

23c. NAME OF CEMETERY OR CREMATORY

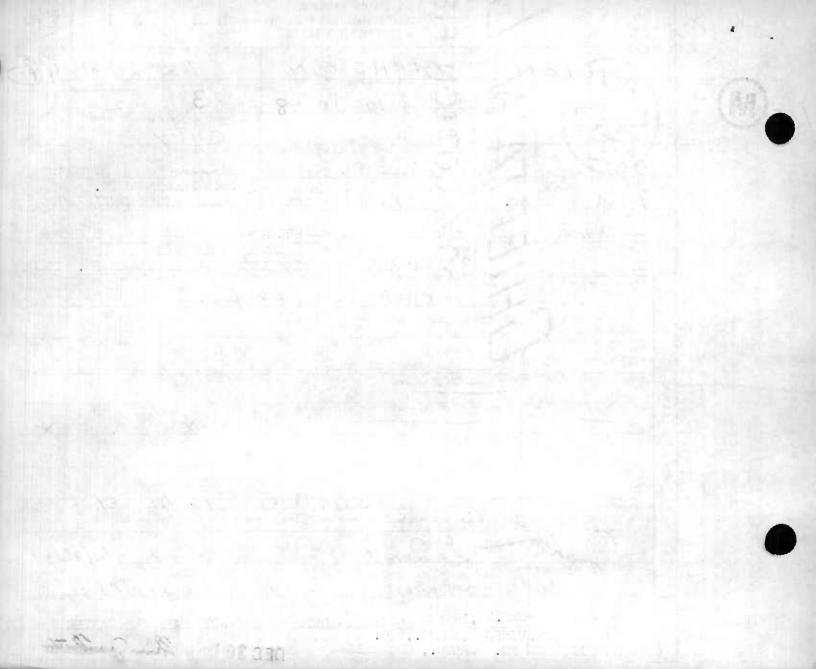
23d location city or town Baltimore DEC 1 5 198 RAR

COUNTY Co.

STATE MD



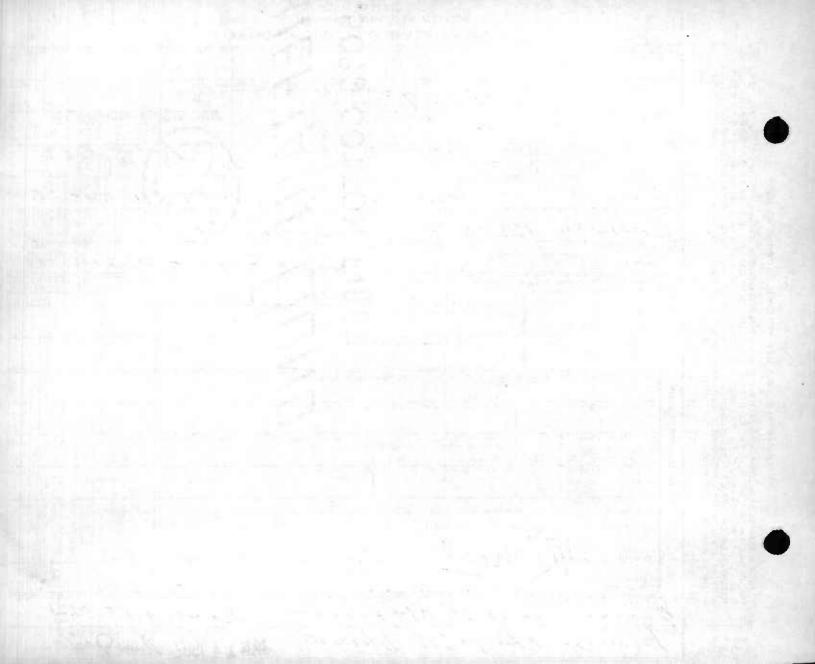
STATE OF MARYLAND

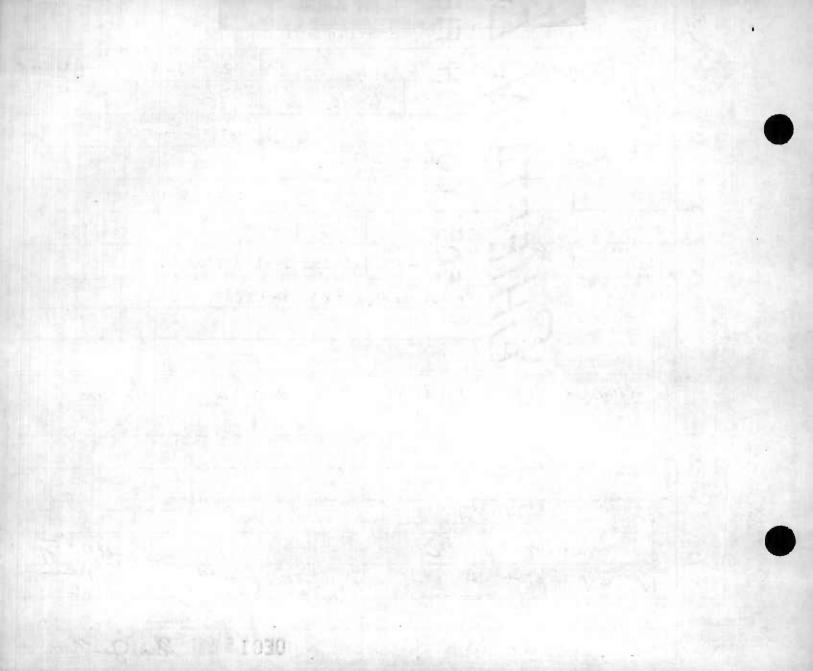


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN 1. DECEASED NAME 26 HOUR (IVPE OR PRINT) OF ESTI-Dorethea) DEATH MATED 21 1981 Bethe IF UNDER 1 YR. DATE OF BIRTH AGE IN YEARS MONTH 14 HOUR 59A IF UNDER 24 HRS DATE MONTH 36 45 BIRTHDAY) 30 PRONOUNCED DEAD 1981 Female Black Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA N.C. DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOR MOST OF WORKING LIFF! University Hospital Raltimore USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Baltimore 130. STATE 13. STREET ADDRESS 136. COUNTY 13d. INSIDE CITY LIMITS? Saratoga St. MD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Richard Thorpe Mattie Jones 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES Clifton Eubanks 5211 Alhamber N/A No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: OR REMOVAL. Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate AND MENT cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF MEDICAL EXAM lying couse last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A HEALTH CERTIFICATION USED / 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? THE CHIEF 20 AUTOPSY? BURIAL. OF YES K NO [EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNEAL DIRECTOR, PAGE 3 SHOULD BE AFFER DEATH, WITH THE STATE DEPARTMENT BALJIMORE, MARYLAND, 21201 PRIOR TO BU 21a EXTERNAL CAUSE WAS 216 TIME OF INILIRY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 210 PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I taok charge of the remains described above, held on and in my apinion death resulted Undetermined manner TITLE (SPECIFY 12/21/81 ACTUAL Deputy DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Balto. Md. Penn St. Thomas Smith. M.D. (TYPE OR PRINT) ADDRESS 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE Burial 12/28/81 Baltimore Arbutus Mem. Park BP 24. FUNERAL DIRECTOR REGISTRAR 256 REGISTRAR'S SIGNAT DHMH-17 C. March F/H 1101 E. North Ave. (VR A15 ME (5)) 15M 2/80

- With Convert 1981 Carried ...

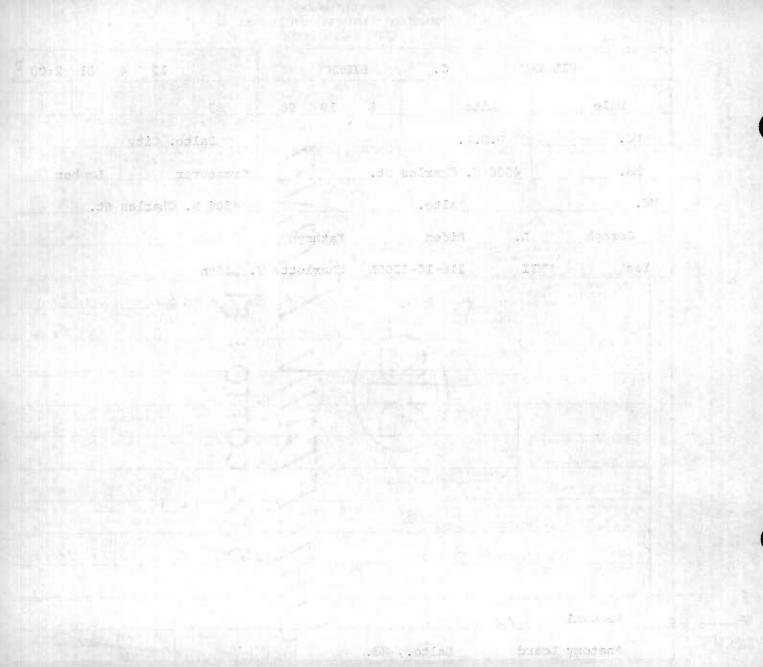
	FOR STATE	215		DEPARTMENT OF	HEALTH			3	119	1
₩ &; &; &; F;	REGISTRAR 1. DECEASED N (TYPE OR PRINT)			MIDDLE	Bevar	LAST	2a. DATE OF	REG. NO. KNOWNXX MONTH		26 HOUR
ESSARY, PLEASE RAL DIRECTOR. RR YOUR FILES. THIN TO YE PUES. RESTON STREET,	3. SEX male	d. RACE black	5. DATE OF BIRTH	YEAR LAST BIRTH	EARS IF UN	IDER 1 YR. IF UNDER		MONTH	20, 120	2d HOUR
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S. 20 P. C. S. 20	Baltin	nore	JON	SPITAL, NURSING HOA ACHITY GIVE STREET ADDRESS NS HOPKINS	Hospi	er institution i tal	120. USUAL OCCU	PATION (LYPE OF WORK	OR INDUST	JSINESS
E, MD. 21201 ATH. IF ANY DELA S1, 2, AND 3 TO PM 3. RETAIN P ND 2 SHOULD BE F VITAL RECORDS.	13a. STATE	b 136. COUNT		13 CITY OR TOWN		13d. Inside City Limits? Yes 🔼 NO 🗌		7cx100	rym s	:+
BALTIMORE, MD. S. AFTER DEATH. IF GIVE PAGES 1, 2, TH FORM PM 3. PAGES I AND 2 SI MISION OF VITAL	14. FATHER'S NA	1456		A NJSAST			EN NAME	DOLE 4	LAST	2/
L., BALTIMORE URS AFTER DEA WIN FOR WE IT. PAGES I AN UNISION OF	(YES, NO, OR UNI	SED EVER IN U.S. ARA (NOWN) (IF YES, GIVE V	VAR OR DATES)	16b. SOCIAL SECURI	IY NO.	SAD. E	Garage	ADDRESS	Nrie Ci	39
RECORDS, 201 W. PRESTON ST LD BE EXECUTED WITHIN 24 HOL PENDING". IN PENCIL IN ITEM 11 MEDICAL EXAMINER ALONG DAS A BURIAL-TRANSIT PREMIL HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	gave cause lying o	tions, if any, which rise to immediate (a) stating the <u>under</u> - couse last.	(b)	Hypertens AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TER	OF OF					
AL AL	19a. DATE	OF OPERATION	19b. CONDIT	TION FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUTOPSY?	
THE WOLLD B		NAL CAUSE WAS NG OR ITING CAUSE OF D		MONTH DAY YEA	R 21c. HC	OW INJURY OCCURRI	ED LENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR P		NO XX
E, THIS CERTIFIECE, WRITING TRWARDED TO SPACE 3 SHO STATE DEPART., 21201 PRIOI	WHILE AT WORK	Y OCCURRED NOT WHILE AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	CITY OR TO	WN C	OUNTY	STATE
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 3		ulted from: Noture	at the remains des	cribed obove, held an Accident, S	Autop:	Homicide TITLE (SPECIFY) D. ASSISTANT	Undetermined mo	nner,	12/20/	′81
IO MEDIC. XECUTE TI PAGE 4 SH IO FUNER NAFTER DEA	EXAMINER (TYPE OR F	RINT)	Hormez R			ADDRESS 111	Penn Stre			21201
ON/BP	23a BUBIAL, CREA	MA .	b. DATE	F 23t. NAME OF CE	A V O	UNN	23d. LOCATION CITY OF TOWN REC'D. BY REGISTRA	Y M W ACO	SIGNATURES:	ATE
DHMH - 17 (VR A15 ME (5)) 15M 2/80		nsface.	po falaronys	163819	1/m	n so	AN 1 4 19	82 Anne	Garlles	t.





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DECEASED NAME 1881 MODIT VAS TEAM 18 HOUR 12 00 0		1.	STATE REGISTRAR			DEPAR	CERTIF	ICATE OF DEATH	HYGIENE O	REG. NO).	,	l'a	0 0
The Birthprace (statio priories) The Critizen of What Country Stationary The Critizen of What Country The Criticen of What C									20. DATE C					n
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JULIA RESIDENCE IF PURS NO CHOM OR OTHER POSITIVION OF RESOURCE REFORM COMMSSION 136. STATE 136. COUNTY 136. STATE 136. COUNTY 136. STATE 136. COUNTY 136. STATE 138. COUNTY 138. INSIDE CITY LIMITS? 138. STREET ADDRESS 4506 N. Charles St. 15. MOTHER'S MAIDEN NAME 1801 15. MOTHER'S MAIDEN N	D	10. C	ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME (120 USUAL (TYPE OF WO	OCCUPATION FOR MOST OF	NC	121	IDUSTRY	F BUSINESS OR
18 FATHER'S NAME MIDDLE LAST SAME MIDDLE LAST MIDDLE LAST MIDDLE	o o	130. 3	AL RESIDENCE (IF		OTHER INSTITUTION	131. CITY OR TO	RE ADMISSION)		? 13e. STREET	ADDRESS				er
186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	ine		ATHER'S NAME FIRST			LAST		15. MOTHER'S MAIDEN			harl	es S		ıt
The part is a course of Death (Enter only one cause per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (b), storing the underlying cause lost. (b) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. AUTOPSY? 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED AT WORK AT WORK AT WORK AT WORK 19 216. INJURY OCCURRED AT WORK AT WORK 216. INJURY OCCURRED AT WORK AT WORK 216. INJURY OCCURRED AT WORK AT WORK 2176. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH P.M. 19 216. INJURY OCCURRED AT WORK	0	(WAS DECEASED EN	ER IN U.S. AR	MED FORCES? E WAR OR DATES)	16b. SOCIAL SEC		17 INFORMANT			SS	200		
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR IFETHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED INT WHILE AT WORK A IN WHILE CAUSE OF FIRET, FACTORY, OFFICE, FARM, ETC.] 21d INJURY OCCURRED INT WHILE AT WORK A IN WORK 220 I certify that (I) (this hospital) attended the deceased from say the deceased alive an above, (I) (we) (did) (did not) view the body after death. 220 I certify that (I) (this hospital) attended the deceased from above, (I) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF	ony O	TIFICATI	19a. DATE OF OPE	RATION	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED			IN CER	TIFYING	E FINDIN CAUSES	OF DEATH?
WHILE AT WORK IN THE LATE OF T	Rem 18 sh		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH (-	R PART 2)	
saw the deceased alive an 11-15 1921, and that in (my) (our) apinian death accurred on the date and hour and from the causes stated above. (1) (we) (did) (did not) view the body after death. 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF	ed	MED	WHILE NO	WHILE 1			FARM, ETC 1			CITY OR TOW	VN	C	YINUO	STATE
2726. SIGNATURE 2726. SIGNATURE 2726. DATE SIGNED 2726. DAT			saw the deci	eased alive on.	11-15	197	71	nd that in (my) (our) apin	on death accurr	ed on the dat	te and h	_, 19 <u>_C</u> aur and	from the	that (I) (we) los causes stated
	rant: If hem		22b. SIGNATURE	Hu) lion	1 mo	>	ATTENDING PHYSICIAN	G MEDICAL N (1) DIRECTOR			2	12. DATE	SIGNED 7~7/
Removal (J. 4. 8)	/80	24 FI	UNERAL DIRECTOR		/ユ-ヶ rd		., Md.	250. I	DATE REC'D. BY	REGISTRAR 2	Page REGI	STRATES	SICISM	ATO-



HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

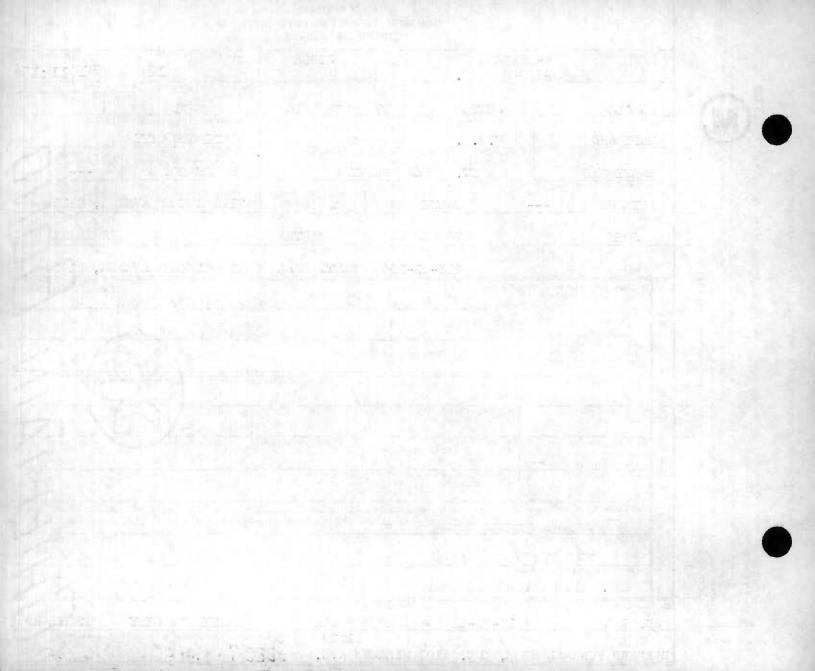
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

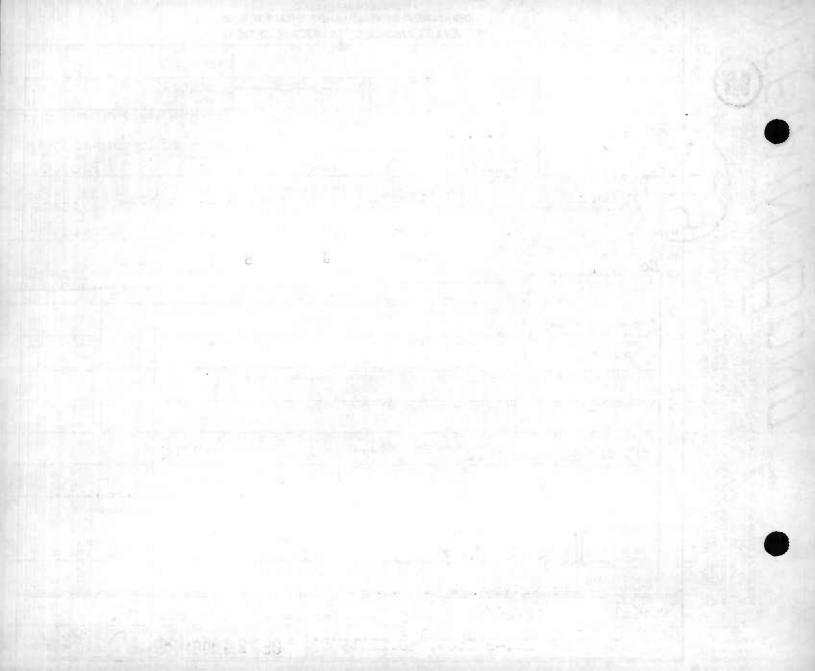


1	1.	FOR STATE REGISTRAR	DEPART		ICATE OF DEATH	IENE () REG. NO	0.	, O d.
eo th		CEASED NAME FIRST Cath	erine Susanna	Biggs	.AST	20. DATE OF DEATH December	MONTH DAY YEAR	6:03 M
9e 4 mo)	3 SE		4 RACE White	5 DATE O		6 AGE (IN YEARS LAST BIRT		
95	E	Paltimore, Md.	76 CITIZEN OF WHAT COUNTRY U.S.A.	? 8 MARRIE WIDOW	D NEVER MARRIED .	9 BALTIMORE CITY O Baltimore	City	MD.
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AND 21:	130	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN		WN	YES XX NO		treet 212	24
ompletel		trederick	Link		15. MOTHER'S MAIDEN NAM	WIDDLE	Milkling	LAST
be execution and c	16a \	NAS DECEASED EVER IN U.S. ARA YES, HO PRUNKNOWN) (IF YES, GIVE	wed forces? 166 Social sec war or dates) 213-74-	4260	Dolores Kot	± 314 K	lane Street	21224
res that the death cert and by the ottending I please remove corbor varial, cremation, or rer y, or other traumatic ex		Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR AS A CONSEOU b) DUE TO, OR AS A CONSEOU (c) ONDITIONS CONTRIBUTING TO	JENCE OF	Pardro - Vine			No
NG PHYSICIAN: The low require ottending physicion. Ifter this certificate has been sign of the buriol-tronsit permit. Then the and Mental Hygiene prior to but onched or them 18 shows any injury orked or them 18 shows any injury or the shows any injury or	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH			20a AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES []	DINGS USED
ION OF VITAL HYSICIAN: The rding physicion ms certificate h buriol-ironsir si Mentol Hygies or Item 18 show	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211. HOW INJURY OCCURR 211 LOCATION STREET			
DIVISATIENDING Paping or otter of for use as the of Health and 121 is marked	W	WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hospit sow the deceosed alive on above. (I) (yes) (did) (did)	12/30/8/	,	oun . 19 6 0 and that in (my) (and apprisent of	to 12/	30 19 81	_, that (1) (we) lost the couses stated
HOSPITAL OR A ned by the ho FUNERAL DIRE I'd be detoched the Stote Dept		226. SIGNATURE 22d. PHYSICIANIS NAME (TYPEOR		h,	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF		17 SIGNED 2/30/8/
TO HOSPITA cetoined by TO FUNERA should be de with the Stoil	23a	Joseph R. L	23b. DATE 23c	NAME OF C	3508 Bank S	Street Bal	to., Md. 212	224
BP	24 F	SPECIFY) Burial UNERAL DIRECTOR				Baltino REC'D. BY REGISTRAR	25h REGISTRAR'S S	STATE OF THE PERSON NAMED IN COLUMN TO STATE OF THE PERSO
(VR A 15 (4))	C	.S. Zeiler & Son	Inc. 6224 East	ern Av	renue JA	N 4 1982	CUNING S	OF CASHANA A

Josephine Streetung Siera and Committee St. 1911 Contra Tille in 1/4 and I was a little in the second of the secon 19572 Mark St. 11. 1501 1500 11 1500 1500 0 1500 0 1500 0 1500 0 1500 0 1500 0 1500 0 1500 0 1500 0 1500 0 1500 0 1500 0 1500 0 1 Letter with the state of the st and the second of the second o To bear time to the transfer of the state of Tribula (1-1-2 1 (b)) which is jon. I which the little with th

DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME DATE KNOWN OF ESTI- XX DEATH MATED (TYPE OR PRINT) MICHAE BISCOF SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 7d. HOUR 9:35 DATE PRONOUNCED Apr. 1963 18_{YRS} DEAD male white 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDX Mary Land U.S.A. WIDOWED [DIVORCED Baltimore City
120. USUAL OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH 1126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE)
Loader PM 3. RETAIN PA ND 2 SHOULD BE F Produce University Hospital Maryland Baltimore 431 N. Kenwood Ave.21224 13d. INSIDE CITY LIMITS? YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF VITA Biscoe Joseph Frances Beistel FORM 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) 217-88-5685 Joseph Biscoe Same as APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH HIEF WILL.
USED AS A BURIAL-TRANSH FELLE
OF HEALTH AND MENTAL HYGIENE,
THEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY Cranio-cerebral injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF IN TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND;—21,201 PRIOR TO BURIAL, YES W NO [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR driver of auto/auto collision MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED Beta r 21e PLACE OF INJURY (AT HOME AT WORK AT WHILE Rd. 150' WELLY OD OFWIN STREET, FACTORY, FARM, FTC STATE Dale Rd Balto street Autapsy XX 220 I certify that I took charge of the remains described above, held an Inquiry Accident death resulted frag Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) 12-23-8 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell M D ADDRESS 111 Penn Street 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore, Md. Biffial 12/26/81 Holy Redeemer Cem. 24. FUNERAL DIRECTOR Brehms La.-Balto., Md.21213 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5))

15M2/80



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TYPE OR PRINTI OF ESTI-CLARENCE DEATH MATED 12 81 **BISHOP** 19 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE 11:55 LAST BIRTHDAY) PRONOUNCED 19 81 DEAD male negro TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 1), NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Baltimore University Hospital RECORDS. 3. RETAIN S USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13g. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS W. LANUAle St 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ERd 17 INFORMANT DIVISION LYES NO OF LINKNOWN CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypothermia complicating alcoholism DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O AND, 21201 PRIGR TO BUR YES X NO [21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN (TEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 12-2-CONTRIBUTING CAUSE OF DEATH 1981 Found unconscious on street. 21e PLACE OF INJURY LATHOME. 21f. LOCATION 21d INJURY OCCURRED WHILE NOT WHILE AT WORK N. Poppleton St. Balto. Md street 300 blk. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autapsy Inquiry Inspection and in my apinian death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 12-3-81 Assistant DATE SIGNATURE EXAMINER'S NAME 111 Penn St. Ann M. Dixon. M.D. (TYPE OR PRINT) ADDRESS 23a BURIAL, CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGIS **DHMH-17** VR A15 ME (5)) 15M 2/80



it , wir Than you Willy

FOR

I. DECEASED NAME

REGISTRAR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

84 W. Lomba PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE (my) our) opinion death occurred on the date and hour and from the causes stated 77L DATE SJONED

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

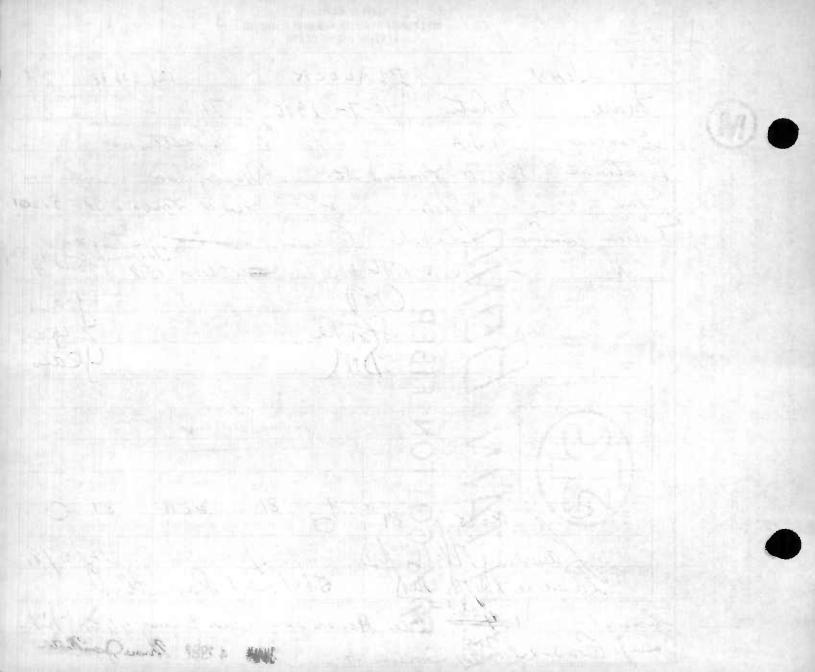
2h HOUR

12b. KIND OF BUSINESS OR

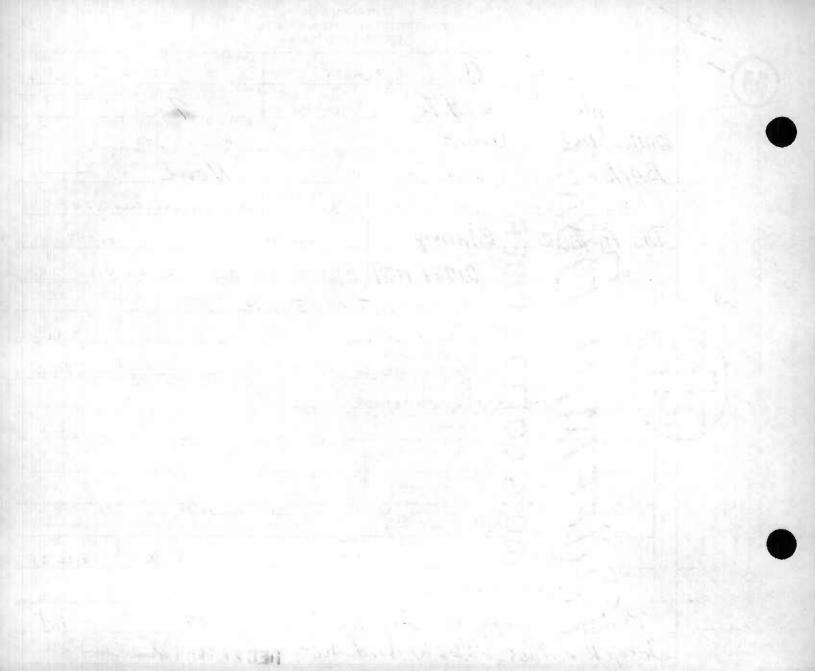
IF UNDER TYEAR

INDUSTRY

20. DATE OF DEATH



2	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	3 2 0 6
		CEASED NAME FIRST OR PRINT)	MIDDLE	BLANEY	REG. NO.	21 10
op control of the con	3. SE)	MAle	* lehite	5. DATE OF BIRTH MONTH DAY YEAR	The same of the same	MONTHS, DAYS HOURS MIN.
death, b	B	RTHPLACE (STATE OR FOREIGN 7b.	CITIZEN OF WHAT COUNTRYS	*MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	9. BALTO C	
1201 ours offered in by the tree filed in the filed in th	USUZ	BALTO, RESIDENCE (IF NURSING HOME OR OTH	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) LOSPITAL	(TYPE OF WORK FOR MOST OF WOR	
within 24 hours of	13a. S	TATE NO 136. COUNTY	BALTO.	/N 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 3203 GWYNNS	FALLS PKWY
RE, MAR ecuted wi d complet es 1 and 3		R. A. Mile MID VAS DECEASED EVER IN U.S. ARME	Blaney D FORCES? 166. SOCIAL SECTI	PIRST RUTH	ADDRESS	BLANEY
st., BALTIMORE, MARYLAND 2120 rificate be executed within 24 hours a physicion and campletely filled in b anpapers. Pages 1 and 2 shauld be fil emavol. event, the medical examiner must be a	1,	ES, NO OR UNKNOWN) (IF YES, GIVE W	21784 ine cause per line for (a), (b), or	1139 SARAH PEIRS	ON 3703 GWYNN	S FAUS PKW BALTO HO
W. PRESTON ST., BAL but the death certificate by the ottending physical se remove carbanpaper cremation, ar remaval.		PART I. DEATH WAS CAUSED B IMMEDIATE C	DUE TO, OR AS A CONSEQU	- 1	ire	
s that the de ed by the ott elese remove rial, cremation or other traventral		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU		media	7 days
RDS, 201 equires th n signed to Then plea to burial, injury, or or	z		NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		N GIVEN IN PART 1(a)
been been prior to	CATIO	SEVEYE 190. DATE OF OPERATION		dation OPERATION WAS PERFORMED	20a. AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
I OF VITAL RE	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	YES NO	YES NO
NG PHYSICIAN: The low requires the other ding physician. After this certificate has been signed to as the bund-stronsit permit. Then plea th and Mental Hygiene prior to burial, and Mental Hygiene prior to burial, arked or them 18 shows only injury, or contracts.	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	AY YEAR 19 121f. LOCATION		
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	to 12/20	COUNTY STATE
ATTEN aspitol ECTOR: A for us m 21 is		22a.1 certify that (1) (this haspital) saw the deceased alive an obove (1) (we) (did) (did nat) v 22b. SIGNATORE	1- 1-	en l	, .0	nd hour and from the causes stated
. 4 . 4		Sandra		MO ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 12/20/81
TO HOSPITAL retained by the TO FUNERAL should be detuited the Store with the Store IMPORTANT:		224. PHYSICIAN'S NAME TYPE OR PR	TAKAI MD			D. HD
547BP		BUND	13 R4/81 23c.	Arbutus Men.	By OR THE	COUNTY MOTTE
DHMH-16 30M 2/80 (VRA 15, 4)	24. FC	NERAL DIRECTOR L. FL	55-222204	Mar of Arred	EC 2 8 1981	have grant to the



FOR - STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND CERTIFICATE OF DEATH

LAST

DATE OF BIRTH MONTH

Mav

WIDOWEDXX

Ave

Block

28

13d INSIDE CITY LIMITS?

YES YY NO

REG. NO

20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
	Dec.	23.	198		
6. AGE (IN YEARS LAST B	IRTHD AY)	IF UNDI	ERIYEAR	IF UNDER	24+
0.0		MONTH5	DAYS	HOURS	M

7899 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED |

DIVORCED Balto. Citv 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)

INDUSTRY Housewife Balto., Md.

1220 Euclid 15 MOTHER'S MAIDEN NAME MIDDLE Streak

Lulv Euclid Por Ave., Balto., Md. 166 SOCIAL SECURITY NO 17 INFORMANT 21229 A. Hackley Mrs.Grace

13e STREET ADDRESS

-AILURE ON mas RTERIOSCLEROTIC HEARD DISEAS

DUE TO, OR AS A CONSEQUENCE OF

MIDDLE

Balto

LAST

Moxlev

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

19 211. LOCATION

MEDICAL

NO

20a. AUTOPSY?

IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED

COUNTY

22c. DATE SIGNED

12-26-81

STATE

and that in (my) (over) apinion death accurred on the date and hour and from the causes stated

STAFF

CITY OR TOWN

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS OAK AVE. 21207

23c. NAME OF CEMETERY OR CREMATORY Mountain View

DEGREE

ATTENDING

23d. LOCATION CITY OR TOWN COUNTY

STATE West Briendship Md 250 DATE REC'S BY REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Schwab 5151 Balto.Nat'l.Pike

DHMH - 16 50M 1/76 (VR A 15 (4))

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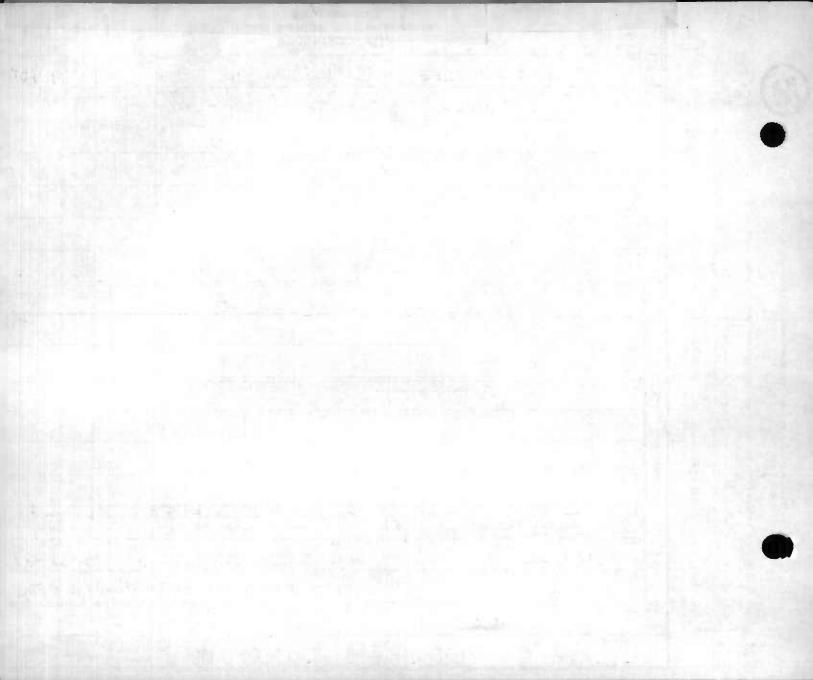
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5	1	STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	GIENE () REG. N	0.
y be 3 deoth	(TYP	ECEASED NAME FIRST	THY LEE	BLOW	20 DATE OF DEATH	8 8 9.401
nector, pours ofter	3 5	M	BLACK	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
eoth Pe		BIRTHPLACE (STATE OR FOREIGN VA	USA	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	Baltimore city of	re City
by the further desired with		Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, City Hospita	G HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST C	
filled in rould be f	USU 13a	JAL RESIDENCE (IF NURSING HOME O STATE 13b COUI MD	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c CITY OR TOWN Baltime	N 13d. INSIDE, CITY LIMITS?	13e STREET ADDRESS 1620 N.	Broadway
tompletely ond 2 shine	14 F	ATHER'S NAME William	N. Blow	is mother's maiden na Virgin	ia	Afilen
IMORE,	160	WAS DECEASED EVER IN U.S. AF (YES, NOOR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU 217-01.		Graves 1	308 Kenhill Ave.
res that the death certificate by the artending phapes remove carbon pound, cremation, ar remay, or other traumatic ever		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE		AINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
DIVISION OF VIT AL RECORDS NG PHYSICIAN: The law requirentening physician. Ifter this certificate has been signs the bural-transit permit. There is not a Mental Hygiene prior to be orked or item 18 shows any injury.	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSÝ?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO N
N OF VITA N OF VITA SICIAN: The major physician certificate certificate certificate certificate formula them 18 shull be shull	MEDICAL CER	71g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	P.M.	19	RED (ENTER NATURE OF INJUR	TY IN ITEM 18, PART 1 OR PART 2)
DIVISIO or attendi or attendi se as the b self hand w morked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)	CITY OR TOW	VN COUNTY STATE
R ATTENDI hospitol or IRECTOR: A hed for use ept. of Heal		sow the deceased alive on	ital) attended the deceased from 12 - 2 & 19 8 will view the body after death.	, and that in (my)-town-opinion	death accurred on the de	ote and hour and from the couses stated
- 0 8 0 8 0 F		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	MO, ATTENDING PHYSICIAN [MEDICAL STAR DIRECTOR PHYSIC	IANX 12-28-81
TO HOSPITAL TO FUNERAL should be del with the Stote	22-	MBA				TITURE CITY HISPITAL
0806 BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial UNERAL DIRECTOR	1/2/02	edar Hill Cem	23d. LOCATION CITY OR TOWN	COUNTY STATE CO. MD
DHMH - 16 60M 1/75 (VR A 15 (4))		Wm. C. March	F/H 1101 E.	North Ave.	C301981	ALICES STRAP'S SIGNATURE



DEPART	MENT OF	E OF MARYL IEALTH AND FICATE OF I	MENTAL HY		NO.	3	2	1	0
MIDDLE		LAST		20. DATE OF DEATH		DAY	YEAR	26 HOU	JR
F.	8	LUE -	EL		12	24	81	5	19 AM
	5. DATE	OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)		DER I YEAR	IF UNDER	24 HR5
ACK	MONT 4	8 DAY	97ª	84	VE	RS.	DAYS	HOURS	MIN
OF WHAT COUNTRY?	8. MARRIE WIDOWI	D. NEVER	MARRIED	9 BALLIMORE CIT			EATH		MD.
OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET ROVIDENT H		OR OTHER INS	TITUTION	12a. USUAL OCCUP (TYPE OF WORK FOR MO			DUSTRY	F BUSINE	
ION, GIVE RESIDENCE BEFOR BALTIMOR		138 INSIDE C	ITY LIMITS?	13:2548 ADDRE	S PRATI	ST.			
MC COY LAST			S MAIDEN NA EIRST NOWN	WE		UN I	KNOWI	7	
? 166 SOCIAL SECTION N/A	JRITY NO.	17 INFORMA		WILLS 2703	WOOD	LAND	AVE.		
per line for (a), (b), ar	ENCE OF	dina		ani	7		APPROXI BETWEEN C	WATE INTER	DEATH
OR AS A CONSEQUE ASSET TO	ENCE OF	leno	T Wa	ell Ing.	articondition	0	PART 1(c	21	
NDITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	206. IF IN CE	YES, WER	RE FINDIN CAUSES	GS USEL OF DEAT	TH?
OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM	18, PART 1 O	R PART 2)	de la	
CE OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	ON	CITY OR	TOWN	со	UNTY	ST	TATE
the deceased from	8/2	nd that in (my)	, 19 /	death occurred on the	e date and	hour and		that (I) (
Lain	1		ATTENDING PHYSICIAN F	MEDICAL S	TAFF SICIAN		20. DATE	SIGNED	タノ
1		1224 ADDDES	-					-/-	

220.1 certify that (this haspital) attended saw the deceased plive on_ above, (1) (we) (did) (did nat) view the be 72h SIGNATUR

23c. NAME OF CEMETERY OR CREMATORY

JUAN E. RUFFIER

12/28/81 WESTVIEW MEM PARK 23d. LOCATION CATONSVILLE

COUNTY STATE MD

24. FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

CREMATION

FOR - STATE REGISTRAR

1. DECEASED NAME (TYPE OR PRINT)

4 FATHER'S NAME

(YES, NO OR UNKNOWN)

JOHN

FEMALE

70. BIRTHPLACE STATE OR FOREIGN

CITY OR TOWN OF DEATH

nove USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUT

160 WAS DECEASED EVER IN U.S. ARMED FORCES

Canditions, if any, which

gave rise to immediate

cause (0), stating the

underlying cause last.

190 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

I IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:

PART 2 OTHER SIGNIFICANT CONDITIONS

3. SEX

to

medical

ather

or Item 18

DHMH - 16 50M 7/77

(VRA 15 (4))

CERTIFICATION

MEDICAL

WHILE

AT WORK

FIRST

LUCY

4 RACE

76. CITIZEN USA

11. NAME C (IF NOT IN

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

DUE TO

DUE TO

196 CO1

216. TIMI

HOUR

21e PLAC (AT HOME

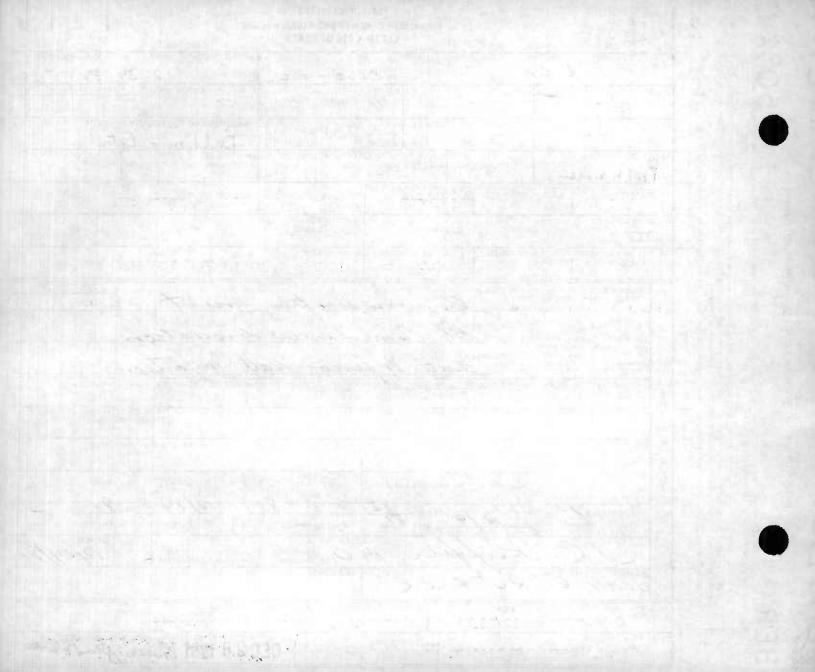
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BL

W.C. MARCH F/H 1101 E. NORTH AVE.

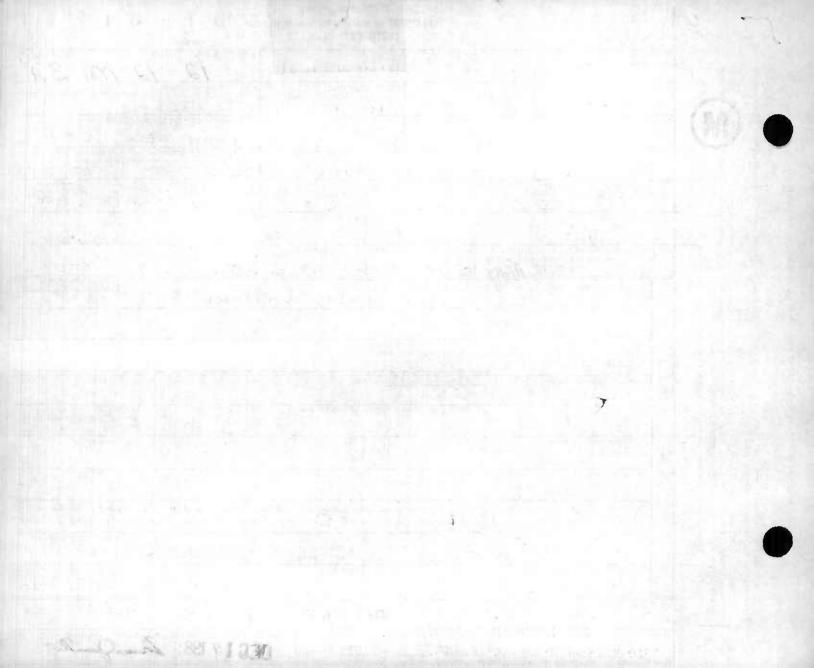
23b. DATE

DEC 28 1981 Theres

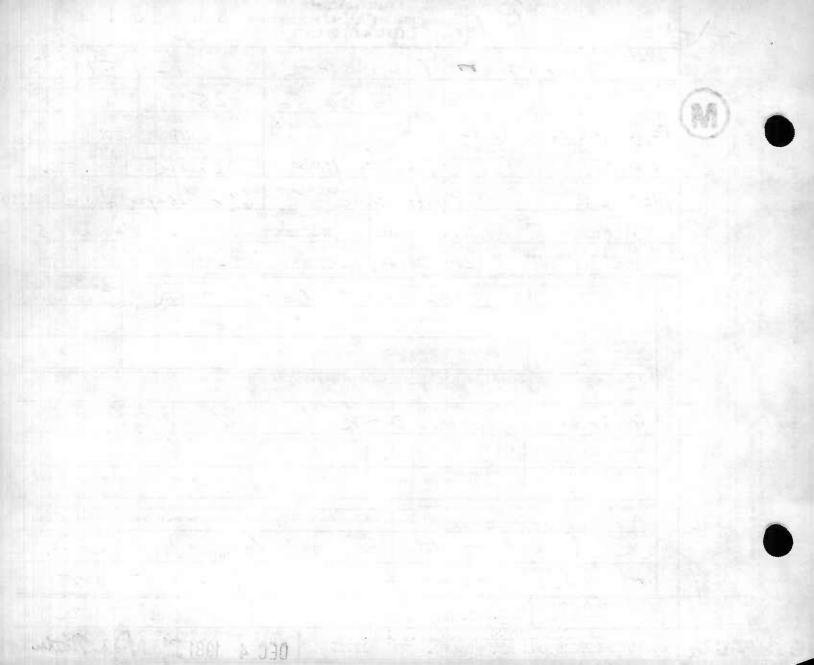


1. 8	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH		1211
oy be agge 3 death	1. DECEASED NAME FIR	SEPH S	CLUMENTHAL	REG. NO. 28 DATE OF DEATH MONTH 12 - /2	-1981 3 A M
ge 4 m	3. SEX MALE	1 RACE WHITE	S. DATE OF BIRTH 5 MONTH DAT YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 77 XXXXYRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
afferdeoth. Po	70. BIRTHPLACE (STATE OF FOREIGN COUNTRY) NEW YORK	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	E CITY MD.
by the filed with	10. CITY OR TOWN OF DEATH BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	HOSPITAL	12a. UNITED TO SUPPORTION (TYPE OF WORK FUR WOS) OF WORKING LIF	PACKAGE GOO
in 24 hourshould be	13a. STATE MD 13b.	DAE OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR COUNTY 130 CITY OR TOW	YES NO [13e. STREET ADDRESS T. 305	
MARY MAPlete ed with Ond 2	14. FATHER'S NAME FIRST LOUIS	MIDDLE LAST BLUMENTHA		H MIDDLE	UNKNOWN
T., BALTIMORE, Tificate be execut physicion and compopers. Pages 1 smoval. Event, the medical		(ES, GIVE WAR OR DATES)	IT INFORMANT MRS	S. SARAH BLUMENTH S. AVE., APT. 30	
, 201 W. PRESTON S res that the death cer and by the attending please remove cabe virial, cremotion, or re y, or other traumatic	Conditions, if ony, whi gove rise to immedia couse (o), stofting to underlying couse lo	he DUE TO, OR AS A CONSEQU	OSTATE CA	TRUNOMA	EN IN PART 1(0)
TAL RECORI	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
SICIAN: ng phys certifico riol-tror entol Hy	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d. INJURY OCCURRED	OF DEATH HOUR A.M. MONTH D AMINER) P.M. 218. PLACE OF INJURY	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 P	COUNTY STATE
ITAL OR ATTENDIO by the hospitol or of the hospitol or of the hospitol or of detoched for use sister Dept. of Heal II. If Hem 21 is m	220 I certify that (I)(this	hospital) attended the deceased from 12 19 19 19 19	DEGREE ATTENDING PHYSICIAN	deoth occurred on the dote and hou MEDICAL STAFF DIRECTOR PHYSICIAN	12-12-81
Of Od A	M. OZ	DOQJI MD OVAL 236 DATE DEC. 13,1981 T	S/NA NAME OF CEMETERY OR CREMATORY ZEMEON SEDEK VE SHOT	1 HOSPITAL 1234 LOCATION MRIE HADATH BA	BALT. MD.
196BP		LEVINSON & BROS.,	INC. 25s. DAT	TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE

OF SEADNE SAID



-\0	STATE OF MARYLAND POR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	1212
y be	LOECEASED NAME FRST MODIE MARC LAST 20 DATE OF DEATH MONTH DAY LEWWETH BLUENZW THAT 12 1	8/2:30pm
age 4 may	MINTE WIGHTE MONTY 2004 SENS 25 YRS MONTH	
Gearn. P	** SARTHPLACE (STATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF E	ITY MD.
201 burs afte	BATT, (IF NOT IN SUCH FACILITY, GIVE SIRRET ADDRESS) HOSP. (TYPE OF WORK FOR MOST OF WORKING LIFE) IN	26. KIND OF BUSINESS OR NOUSTRY SOC. SEC.
d within 24 h	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 130, STATE 131 COUNTY 131 COUNTY 132 STREET ADDRESS 134 INSIDE CITY LUMITS? 135 STREET ADDRESS 136 STREET ADDRESS 137 YEST 138 STREET ADDRESS 139 STREET ADDRESS 130 STREET ADDRESS 130 STREET ADDRESS 131 STREET ADDRESS 132 STREET ADDRESS 133 STREET ADDRESS 134 STREET ADDRESS 135 STREET ADDRESS 15 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 16 STREET ADDRESS 17 STREET ADDRESS 18 STREET ADD	Hause#21210
TIMORE, MA	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MRS. ABBY BURMENTHAL (YES, NO DR UNICHOWN) (IF YES, GIVE WAR OR DATES) 214 67/998 606 HARPER HOUSE - VILLAGE OF C	CROSS KEYS
aw requires that the death certificaten signed by the attending physic Then please remove carbon papers or to burial, cremation, or removal any injury, or other traumatic ever	18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 100000000000000000000000000000000000
AN: The law an. The law an. trate has been iter before prior 18 shows an	190 DATE OF OPERATION, 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WE IN CERTIFYING YES NO YES 120. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY OF INJURY IN TIEM 10. PART I C	
DIVISION OF VITAL RECORDS, ENOING PHYSICIAN: The law rec or attending physician. DR: After this certificate has been six e as the burial-transit permit. Then leafth and Mental Hygiene prior to b its marked or Item 18 shows any in	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21I LOCATION	OUNTY STATE
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JASEP DE SERVICE MENTER PROPERTY OF SERVICE MENT	230. BURIAL, CREMATION, REMOVAL DEC. 3, 1981 CHIZUK AMUNO 230. IOCATION CITY OF TOWN BALTIMORE	MARILAND
DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215 DEC 4 1981 June 1981	SSIGNATURE Varther



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	1-	FOR STATE					H AND MENT		ATH	Ş	6	3
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At.		PARTIDEA		TE CAUSE (a)			Meningit	ris				
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3		21a EXTERNAL UNDERLYING CONTRIBUTIN			MONTH DA		HOW INJURY OC	CURRED LENTER	NATURE OF INJURY IN I	TEM 18 PART I OR P	ART 2)	
3	MEDICAL	21d. INJURY OF			FINJURY (AT	HOME. 21f. L	OCATION STREET	NUMBER	CITY OR TOWN	co	DUNTY	STATE
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,		22a I certify	that I took charg	e of the remains des	ribed above, h	eld on Auto	psy , Ins	pection X.	Inquiry .	ond in my o	pinion	
BALTIMORE, MARYLAND,		death resulted	fram: Natur	ol causes XX,	Accident	, Suicide	, Homicide	Undet	termined monner	<u> </u>		
¥		ACTUAL	4.1	40			TITLE (SPECI	IFY)		DATE	10.05	01
- Kr.	1	SIGNATURE	Virgin	us of No	ea.		M.D. Assist	ant_med	ICAL EXAMINER	DATE		-81
	-	EXAMINER'S N (TYPE OR PRIN	IAME Vir	ginia L. (Dolan,	M.D.	_ADDRESS	III Per	nn Street			
BA	23a.B	urial, cremat Burial	ION, REMOVAL 2	3b. DATE 0ec.28,198			OR CREMATORY Cemetery	23d. LC CITY	DCATION Baltimore	COL	Maryla	TATE
		UNERAL DIRECT		00.20,130	, 10	Z.Errood (The same
,	Le	onard J	. Ruck	Inc. Bait	imore,	Marylan	d	DEC 2	Y REGISTRAR 256	Many !	H	d we
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1981 . W. Ardin olice There is a second of TRANSPORT TRANSPORT IN TRANSPORT HEEDON'S Noce Tabes I: School 5-27 solls /Lots Lvd. street the consequence poor or all the first plants

	16	1	FOR STATE REGISTRAR			CATE OF DEATH	REG. N	0.	6 1 9
		1. DE	CEASED NAME FIRST	MIDDLE	L	.51		MONTH DAY YEA	R 26 HOUR
1 1	-	{TYPE	ORPRINT) Frank	Joseph	Boho	lal SR.	December	× 3,198	1 4:30 AM
2	1 1	3. SE		4 RACE	5 DATE O	F BIRTH YEAR	6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
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EII			RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT C	OUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEAT	Н
2	1		MD.	USA	WIDOWE	DIVORCED		OVR	MD
1 1	1 9/-	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME O GIVE STREET ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C		ND OF BUSINESS OR
100	1 1/3	B	altimore	South	altimove	General Asis	1 Wostern N	aryand Ro	il koed.
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	L C E >		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (b)	vstole				
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death	U		Conditions, if any, which			al infanti	Oh		
PR he o	emo emat er tro		gove rise to immediate couse (0), stating the	DUE TO, OR AS A C	ONSFOLIENCE OF				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., OF PHYSICIAN: The low requires that the death certificate this resilinds has been stoned by the attending of the citizans.	y, or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBL	ITING TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN PAR	RT 1(o)
RDS equi	Then r ta bu injury	CERTIFICATION	arry 11	mmias			1000		
ECO Gw	prior ony ir	CAT	190 DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATIO	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI	NDINGS USED
ALRE for on.	w. he	THE					YES NO	YES 🗌	NO 🗌
OF VITA SICIAN: Ting physicia	viol-transit Vental Hygie Item 18 sho	Ü	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR	Y ONTH DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PAR	Т 2)
PHYSICIAN:	tolot-t	¥	OR CONTRIBUTING CAUSE OF DE	AIR	19				
NO HYS ndin	1 6 2 6	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJU	IRY ORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN COUNTY	Y STATE
DIVISI	se as the colth and marked	٤	WHILE NOT WHILE AT WORK	(AI HOME, STREET, FACT	ORY, OFFICE, FARM, ETC.)	J. Trees			317112
	se of man		22a.1 certify that (I) (this hosp	oital) ottended the deceo	sed from Decem	hor 1 19 81	, to Docant	ser 3, 19/98	, tho (we) lost
R ATTEND hospital o	for us of He 21 is		sow the deceased alive or above. (I) we) (did) (did no	December.	19 19K/ , or	d that in (my lour) opinion	death accurred on the d	ate and hour and from	n the couses stated
OR A Position	ached Dept.		22b. SIGNATURE	of view file body differ de		DEGREE		22¢. C	DATE SIGNED
	detached detached tote Dept.		m. ala.	2 Real	am in	ATTENDING PHYSICIAN	MEDICAL STA		2/3/8/
by by	be deto		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	and in	77e ADDRESS			
TO HOSPITAL	shauld be det with the State		Michan	1 L. Rich	ner MD	30015	Janover	Bultimo	18 MD
To se constant of the constant	5 4 2 A	73o	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		
BP_			SPECIFY) Burial	12/5/81		aven Mem Pa	ark Glen F	Burnie A.	A. Md.
	FO.11 1 774	24. F		lto Md.	2122		TE REC'D. BY REGISTRAR	256 REGISTRAR 6 SIG	NATURE TO ALLEN
DHMH - 16 (VR A 1		G	eorge J. Gon					Courses 10	and lord of the
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2H 2G ER 3G ER	FOR 1 - STATE REGISTRAR		STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	00040372 0	RRD	1 5
HA K 616 2120 2120	1. DECEASED NAME (TYPE OR PRINT) BE	A RACE MIDDLE	BOLLER IS DATE OF BIRTH	20. DATE OF DEATH	MONTH DAY	257
	F	W	MONTH DAY YEAR 10 2 1916	- 1	MONTHS DAYS	HOURS AIM
EN 17	70 BIRTHPLACE (STATE OR FOREIG COUNTRY)		MARRIED NEVER MARRIED			110
1037 1037 11037	Germany 10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	WIDOWED DIVORCED	BALTIMO		I MANESS OR
25.27	Balto.	North Char	les General Hosp.	Cake Dec		kery
27 27 27 27 27 27 27 27 27 27 27 27 27 2	Md.	HOME OR OTHER INSTITUTION, GIVE RESIDEN COUNTY 13(CITY C Ba1	R TOWN 13d INSIDE CITY LIMITS		lair Rd. 2	1206
MARYL ed withi ond 2 sl	14. FATHER'S NAME FIRST		15. MOTHER'S MAIDEN	WIDDLE	LAST	
	Karl 160. WAS DECEASED EVER IN U	I.S. ARMED FORCES? 166 SOCIA	er Pauline	ADDRE		
BALTIMORE, cote be executed to one of copers. Pages of the medical it, the medical	(YES, NO OR UNKNOWN) (IF	(ES, GIVE WAR OR DATES)	12-5213 John N. G	Frabner 382		Rd.
RDS, 201 W. PRESTON ST., BALT equires that the death certificate is a signed by the ottending physicia Then please remove carbonpapers to burial, cremotion, or removal. injury, or other traumatic event, the	Conditions, if any, wh gove rise to immedicate (a), stating underlying cause la	ote the DUE TO, OR AS A CON		RMINAL DISEASE OR COND	DITION GIVEN IN PART 110	n.
L RECOIL The law rich has been permit. By sows ony	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLY!	196 CONDITION FOR	which operation was performed	20c. AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	IGS USED OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir offer this certificate has been sig os the burial-transit permit. Then th and Mental Hygiene prior to b arked ar Item 18 shows any injury	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX) 21d. INJURY OCCURRED	OF DEATH HOUR A.M. MON' MINER) P.M. 21e PLACE OF INJURY	H DAY YEAR 19 211 LOCATION	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	STATE
DING I ar after the se os the marked marked	AT WORK AT WORK		11/4	1 12/1	0 0/	
R ATTENE haspital of RECTOR: red for us ipt. of Hec			19, one that in (pry) (our) opini	on death occurred on the da	ite and hour and from the c	that () (we) lost couses stated
the person of th	22b. SIGNATURE	n G. Julin		MEDICAL STAF		18/81
TO HOSPITA retained by TO FUNERA should be de with the Stat	MARCO.	S B. GALI	CIA dr. MD No	rth CHArl	ES GEN.	14087.
	230. BURIAL, CREMATION, REM	10000000	23c. NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY	STATE
763/BP	Cremation 24 FUNERAL DIRECTOR	12-22-81	Green Mount Cem	Balto. ATE REC'D. BY REGISTRAR	25b. REGISTRAR SIGNA	Md
DHMH - 16 50M 1/76 (VR A 15 (4))	John C. Mil	ller Inc. 641	RESS		Charces Jan	Service .

0	1.	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	3 1 2 1	Ó
e pe	1. DE (TYPE	CEASED NAME LLona	A.	Boll	ing	December	8, 1981 YEAR 26. HO	UR M
Transition of the second	3 SE	x Female	4. RACE White	5. DATE O		6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	ER 24 HRS
M 53	C	Kentucky	76 CITIZEN OF WHAT CO	MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY O Baltimore	City.	MD.
by the filled with		Baltimore	412/ Hague	give spreet address) 2 Avenue	or other institution	120 USUAL OCCUPATION OF WORK FOR MOST OF MOUSEWILLE		
RYLAND 212 within 24 hour 3 2 should be if	13a .	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Maryland -	ITY 13c. CITY	ENCE BEFORE ADMISSIONS OR TOWN LIMORE LAST	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13ª STREET ADDRESS 4127 Hague	Avenue	
MORE, MAR e executed w n ond comple Pages ond	16a V	Joshua VAS DECEASED EVER IN U.S. AR	Maga	card SECURITY NO.	Rachel 17. INFORMANT Mrs. Vivie J	ADDRE	Minnicks SS Pasadena, Md. 4 Powhatan Beach	21122
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN; The law requires that the death certificate be executed within 24 hours ottending physicion. Iter this certificate has been signed by the attending physicion and completely filled in bos the buriol-transit permit. Then please remove carbon papers. Pages 3 and 2 should be fill the and Mental Hygiene prior to buriol, cremation, or removal. On the standard shows any injury, or other traumatic event, the medical examiner must be a standard at the medical examiner.	NO	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT Conditions, if ony, which gave rise to immediate cause (o), storing the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CO	A CULK ONSEQUENCE OF ONSEQUENCE OF	SSCUD- COPP NOT RELATED TO THE TERM	el Infor	APPROXIMATE INT BETWEEN ONSET AN	ERVAL D DEATH
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DIVISION DING PHYS or or tendir After this se os the bu	MEDICAL	21d INJURY OCCURRED WHILE ON NOT WHILE OF AT WORK	(AT HOME, STREET, FACTO		211. LOCATION STREET	CITY OR TOW	OUNTY COUNTY	STATE
HOSPITAL OR ATTENDI sired by the hospital or FUNERAL DIRECTOR: A suld be detached for use th the State Dept. of Heal OORTANT: If them 21 is man	(220.1 certify that (1) (this haspit saw the deceased alive on above, (1) (we) (did) (did not 200 STORY) ATURE 220. SIGNATURE 220. PHYSICIAN'S NAME (TYPE OF ARLO), 5 North	view the body after dea		nd that in (my) (aur) opinion DEGREE LEP FAMILIAN DE 122e ADDRESS Af HUS LESS	death occurred an the do	22c. DATE SIGNED	
2544	230 (BURIAL, CREMATION, REMOVAL SPECIFY Burial	12/10/81		EMETERY OR CREMATORY idge Mem. Pari	23d LOCATION RITY OR TOWN	Howard Many	land
DHMH-16-60M 1/73 (VR A 15-(4))	24 F	INERAL DIRECTOR Mc Cua	ly tunenal Nenue Bal	Home of B timone, M	rooklyn 250 DAI	EC111981	256 POSTRAP STIGNAPOLE TO	les

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Lean Association of the State of State THE TAX OF THE PERSON AND THE PERSON OF THE THE SELECTION STORESTAND THE STATE OF THE ST AND THE STORE 1548/4-11. ** W TALL LAND AND M CONTROL TRANSPORT OF MARKET STURY DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.

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FOR STATE REGISTRAR . DECEASED NAME 3 SEX TO BIRTHPLACE (STATE OR FOREIGN

DORIS

4 RACE

STATE OF MARYLAND DEPART CERTIFICATE OF DEATH

BOONE

5. DATE OF BIRTH монти

M.

W

7b. CITIZEN OF WHAT COUNTRY?

MENT	OF	HEA	LTH	AND	MENTAL	HYGIENE
CE	DT	ELC	ATE	OF	DEATH	

DAY

MARRIED NEVER MARRIED

YE AP

24

	REG.	NO				
_	2a. DATE OF DEATH	HINOM	DAY	YEAR	2b. HOU	IR
	100	12	31	81	12:	56A
Ī	6 AGE (IN YEARS LAST E	BIRTHDAY)	IF UN	DERIYEAR	IF UNDER 24 HRS	
		57 YR	MONTE	DAYS	HOURS	MIN.
	9 BALTIMORE CITY	OR COUN	TY OF I	DEATH		
	Baltimor	e Cit	Y			MD
	12g USUAL OCCUPA		12	L KIND O	E BUSINE	SSOR

	Maryland		USA	WIE	OWED	DIVORCED [Baltimo:	re City	M
7	ITY OR TOWN OF DEA Baltimore		St. A	HOSPITAL, NURSING HO H FACILITY, GIVE STREET ADDRES BNES HOSPIT	a1	RINSTITUTION	17d USUAL OCCUP (TYPE OF WORK FOR MC Homemak	ST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
130.	AL RESIDENCE (IF NURS) STATE MD	NG MOME OR OTHI 13b. COUNTY Howa1		GIVE RESIDENCE BEFORE ADMIS 13c. CITY OR LOWN Elkridge	13d. IN: YES [SIDE CITY LIMITS?	13 5751 ABORE	S Landing	g Rd.
14 F	ATHER'S NAME FIRST Newton	MIDD	LE.	Hetrick	15 MO	THER'S MAIDEN N	MIDDL		Waterman
	WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	N U.S. ARMED (IF YES, GIVE WA		166 SOCIAL SECURITY N 219-12-673		ORMANT		DRESS	nding Road
	PART I. DEATH W.	AS CAUSED BY IMMEDIATE C. which ediate	AUSE (o) DUE TO, OF	PULMONAS RAS A CONSEQUENCE	OF	+ROMBO	emboli		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TIFICATION								WERE FINDINGS USED NG CAUSES OF DEATH?	
AL								1 I OR PART 2)	

21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from, sow the deceased alive an

DEGREE 22e ADDRESS

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (our) opinion death accurred on the date and haur and from the causes stated

CITY OR TOWN

22c. DATE SIGNED 12/31/81

STATE

COUNTY

23c. NAME OF CEMETERY OR CREMATORY

211. LOCATION

St. Agnes Hospital, 900 S. Caton Avenue

BP.

IMPORTANT.

for use as the burial-transit permit. I of Health and Mental Hygiene priar marked or Item 18

FUNERAL DIRECTOR:

DHMH - 16 50M 1/81 (VRA 15, 4)

ould be detached the State Dept.

Burial 24. FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

01-04-82 Lorraine Park 21229

Woodlawn Baltimore Maryland

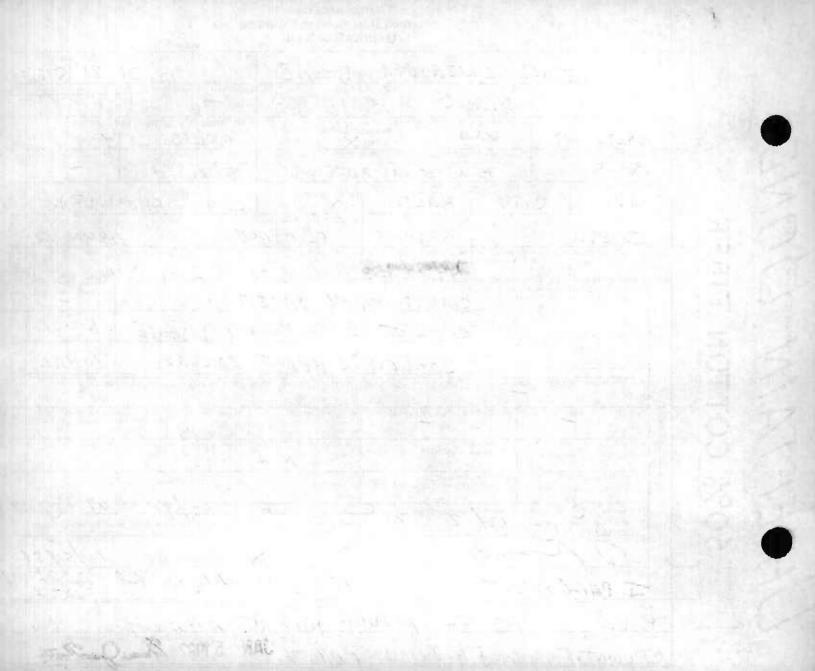
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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and the second second second	innsi Law Villa Lauri	company of the contract of the	

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1	1	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HYG	GIENE O I S	1 2 2 0
1	1	REGISTRAR		CERTIFICATE OF DEATH	DEC NO	
	I. DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NO. 2a. DATE OF DEATH MONTH D	AY YEAR 26 HOUR
1 9 G		E OR PRINT)	L ELIZABE	TH PARE	3	- A
iay be					12 3	1 81 2:25AM
(5 - G 7	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		IF UNDER I YEAR IF UNDER 24 HRS
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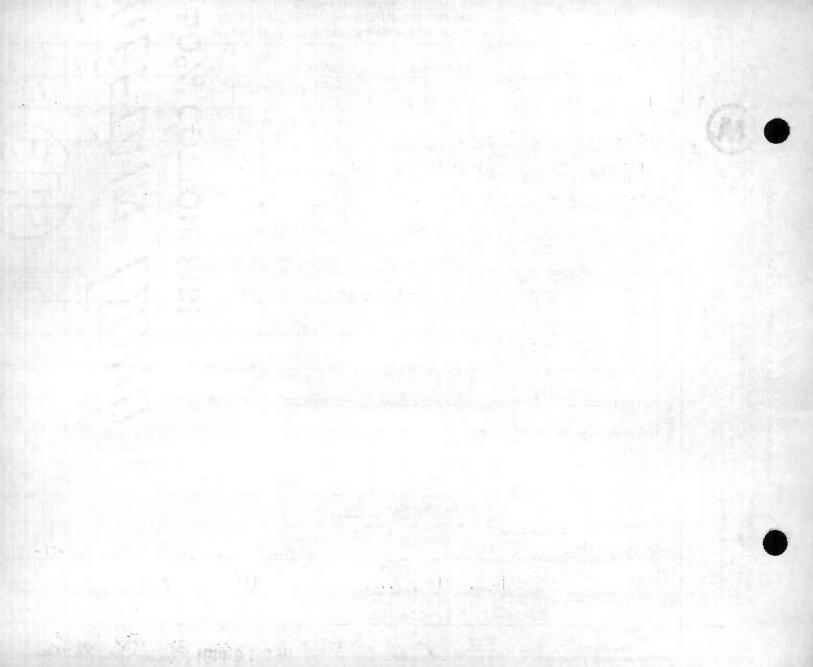


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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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24 FUNERAL DIRECTOR

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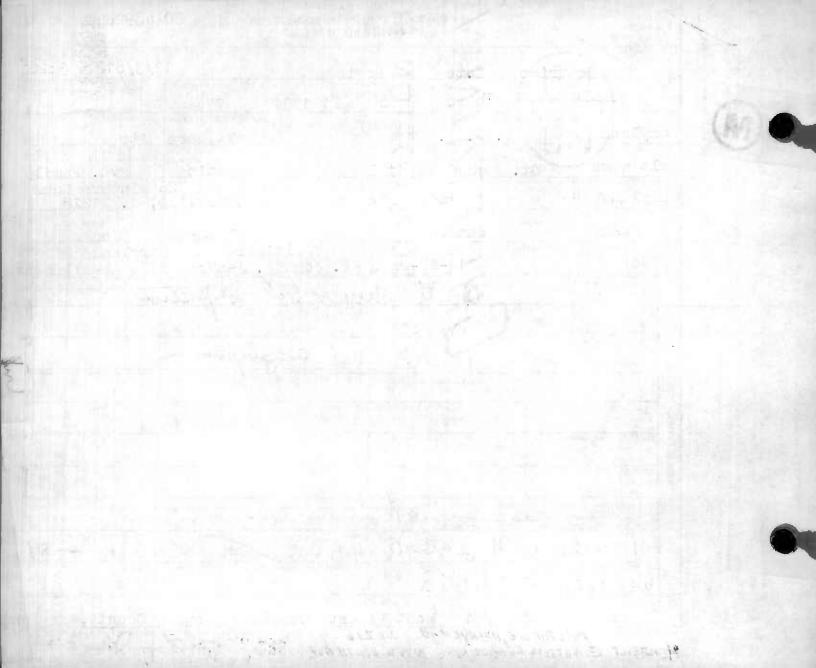
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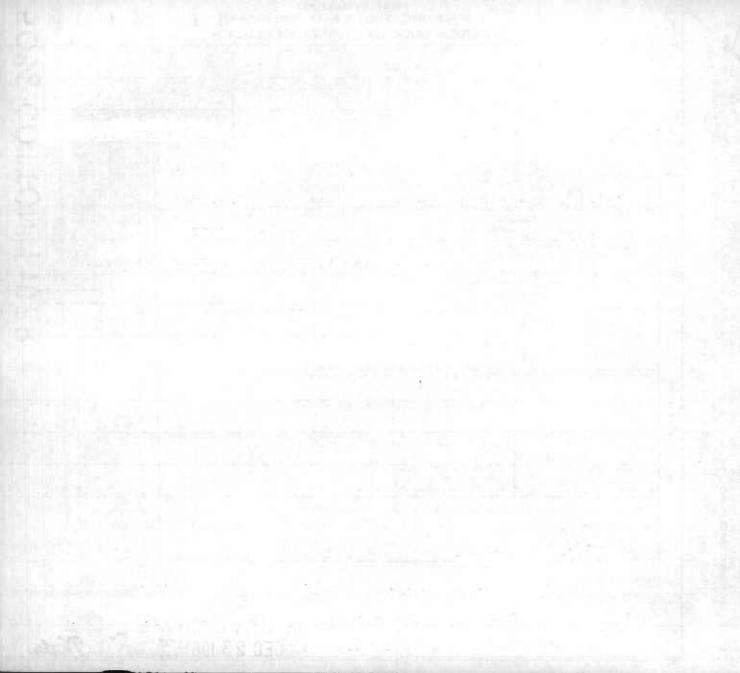
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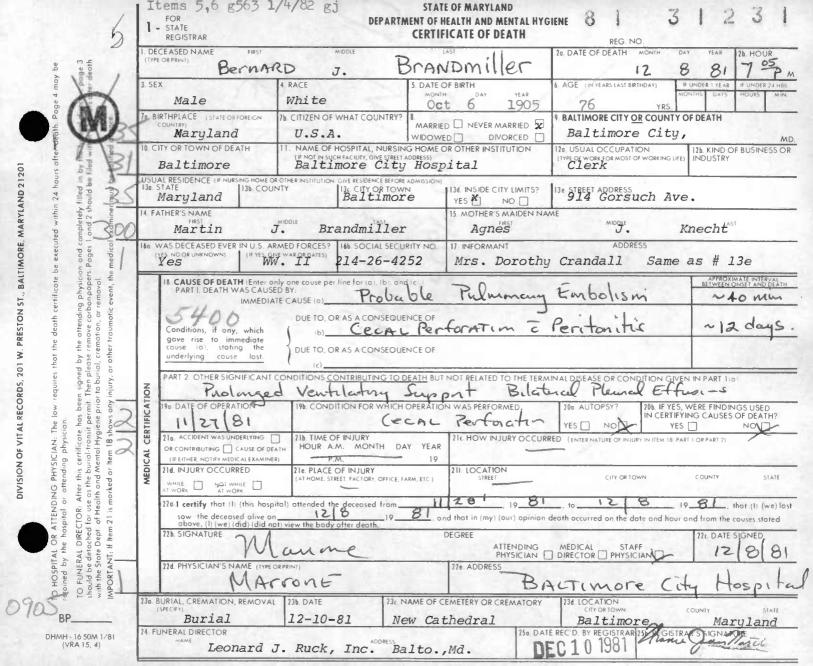
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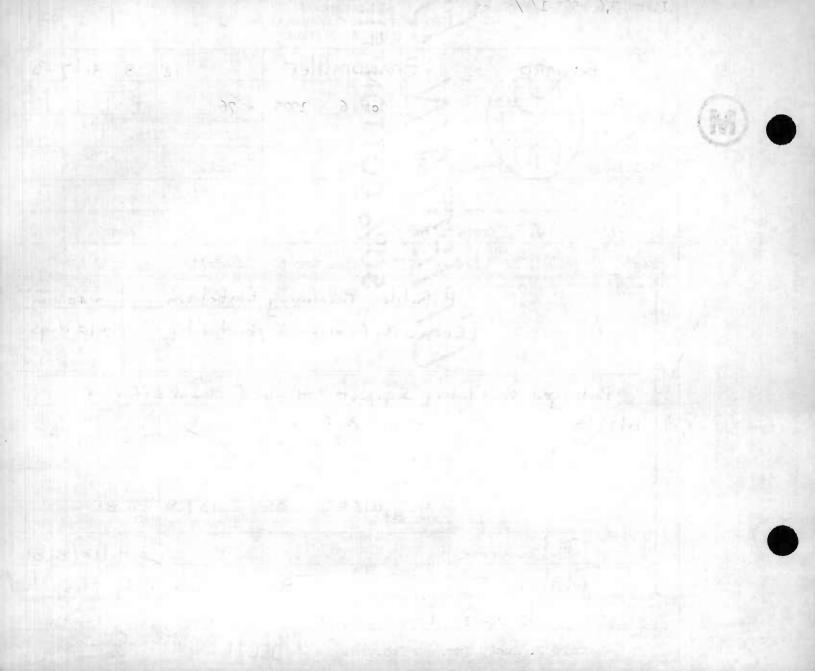
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		220.1 certify that (!) (this hospital alreaded the decreased from 81, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated above, (!) (we) (did) (did not view) he body after seath										
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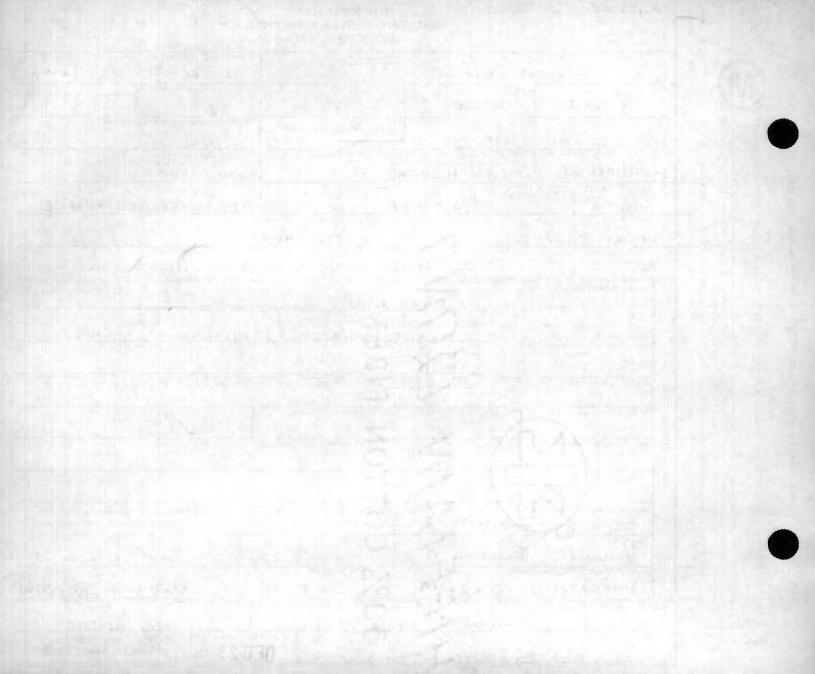
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		3. SE	MONTH DAY
	\$ (M	-	male White 07 06 20 60 YRS.
	7 7	P B	IRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
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	1/22 1/-	10.0	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 126 USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
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10 2	1 12	13a	STATE 136 COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS
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WOW	public pul		YES NO OR UNKNOWN) (IF YES, STO WAR OR DATES) 214 16 8446 Mrs. Elaine Mry Brass, Same as above
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	TTEN Pirtola 1708 for u of H	18	sow the deceased give on 1128/8/ 19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (1) (sy) (did) (blid not) view the body after death.
	OR A bose hose bose ched bept.		226. SIGNATORE DEGREE D. D. DATE SIGNED.
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1	1	23a.	SURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION
254	7 BP	0.0	Burial Dec. 1, 1981 Moreland Mem Cemetery Baltimore Co. Maryland
1	DHMH - 16 50M 1/81 (VRA 15, 4)		Unity Funeral Home, 237 E. Patapsco Ave. Balto. Ad DEC 3 1981

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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FOR

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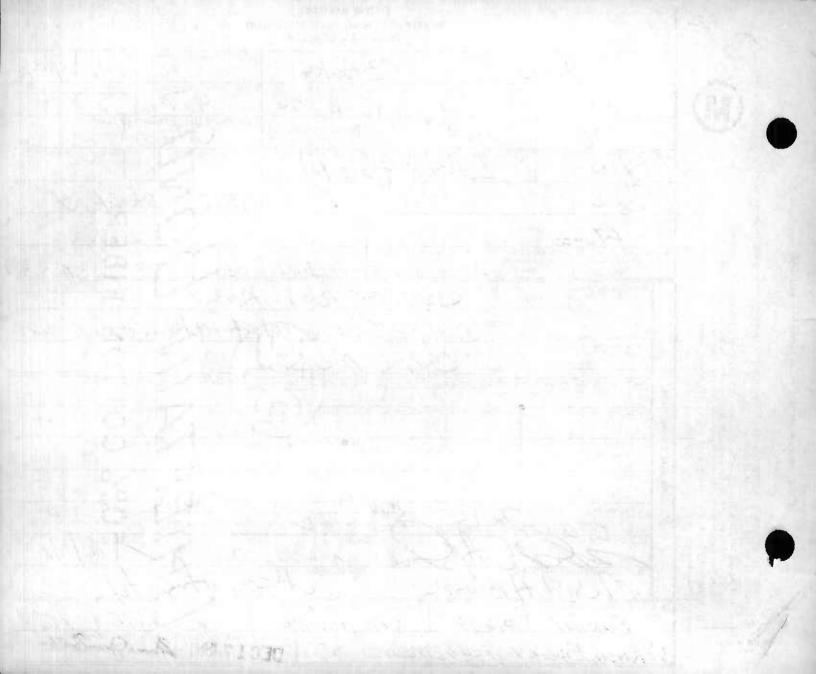
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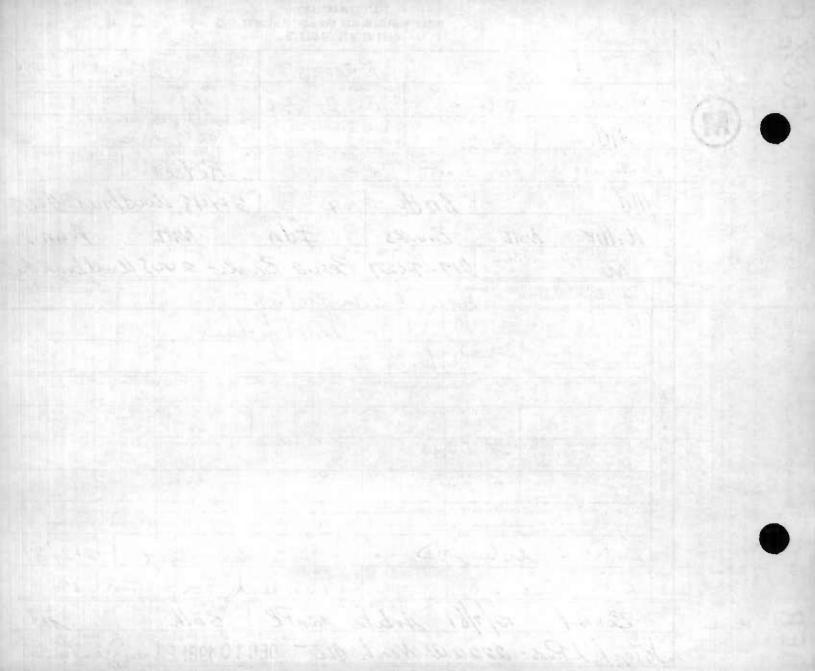
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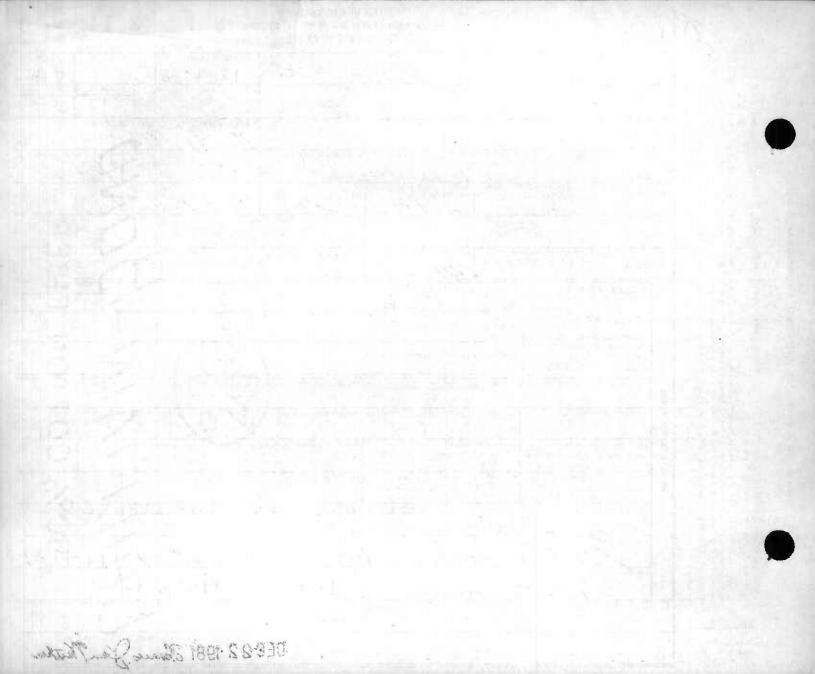
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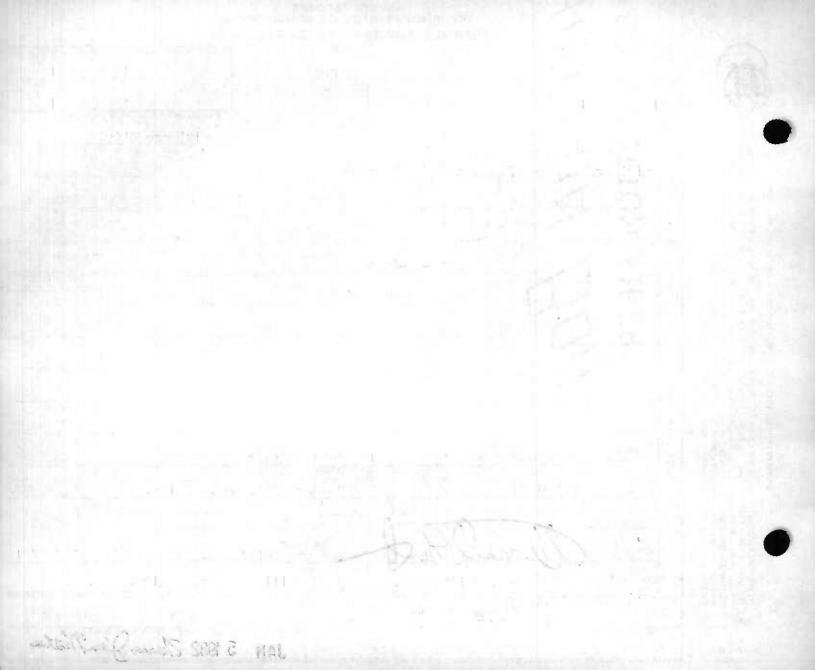
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n and co Pages I		VAS DECEASED EVER IN U.S. ARA YES (IF YES, GIVE	MED FORCES? 16b. SOCIAL WAR OR DATES)	42-1380 MA	Shir	ey Brown	2139 Peni	rose Ave
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the hospi AL DIRECTO intoched to the Dept. of T. If Bern 2		obove, (H) (we), (did) (did not 22b, SIGNATURE	y view the body after death. Showing the body after death.	DEGREE	ATTENDING	MEDICAL STAFF	22c. DATE	SIGNED -19-81
recipied by 1 TO FUNERAL should be dim with the Stote AMPORTANT		226 PHYSICIAN'S NAME ITYPE OF	79 Auro	la 22e. ADDR	when	- Has	pil	
BP		BURIAL, CREMATION, REMOVAL	12/24/81	Md. Vetera		Crownsv	ville COUNTY	MD
HMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR	'/н 1101 ^{дос}	. North Ave	I DEC	22 1981 2	Sh. REGISTER'S SIGNA	Kithen



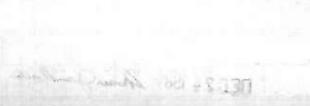
11	1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8	3 1 2 4 1
ny be age 3 death		CEASED NAME David	Albert Brow	IAST .	3 / DIECI	MONTH DAY YEAR 26. HOUR SMBER 1981 230 PM
4 mo	3. SE	Male	White	5. DATE OF BIRTH MONTH DAY YEAR 9-1-1893	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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thin 24 hour tely filled in 2 chould be line must be	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b, COUP Md. NTHER'S NAME	ROTHER INSTITUTION, SIVE RESIDENCE BEFORE NTY 136, CITY OR TOW Balto.	ADMISSION)	13e. STREET ADDRESS ME	& Son 4 Parklaun Ave21213
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be executed to Proper	0		I Army 215-03-	3114 Ma. Melvin W	Brown = 9	Va. 515 Verdict On Vienna
that the death certifical of by the attending physical ease remove carbon paper in contraction, or remove or other traumatic events.		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) C12 R 15 D DUE TO, OR AS A CONSEQUE (c)	NCE OF A SCULD A	DISHASH	BETWEEN ONST TAND DEATH WISK - \$ 12 UT OR C \[\rangle \text{TREARS}
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NG PH other that of the Indianal	ME	WHILE NOT WHILE AT WORK	JAT HOME STREET, FACTORY, OFFICE, F		CITY OR TOV	
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CO HOSPITAL OR etained by the ITO FUNERAL DIS should be detach with the State De with the MapORTANT. If the		720 PHYSICIAN'S NAME (TYPE OF		ATTENDING	DIRECTOR PHYSIC	1210-51
SBP 1 SPORT	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Batto. Mo	COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR	ALIE BADDRESS	25a. DAT	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO Ta DATE KNOWN 1. DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) N. OF ESTI-Brown 2519 81 David 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 5:35P DEAD 1961 20 Black 6 25 19 81 Male YRS Th. CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTEN MARRIED NEVER MARRIED USA MIDOWED DIVORCED Baltimore City 3. RETAIN PAGE 5 SHOULD BE FILED. AL RECORDS, 201 W ID CITY OF TOWN OF DEATH 28. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 4374 Park Height Avenue Baltimore UAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE MO 113h COUNTY 3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4374 Park Heights Avenue Baltimore YES K NO [CAL EXAMINER ALONG WITH FORM PM 3.
BURAL-TRANSIT PRMIT: PAGES 1 AND 2.8
AND MENTAL HYGIENE, DIVISION OF WITH
WATION, OR REMOVAL. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDOLE LAST Thomas Julie Alexander Brown 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, MY OR UNKNOWN) Alexander Brown 1738 E. Fayette St 218-48-8149 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, it any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. ORWARDED TO THE CHIEF MEDICAL EXA PREPAGE SHOULD BE USED AS A BURIAL. HE STATE DEPARTMENT OF HEALTH AND ME JD, 21201 PRIPR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21g. EXTERNAL CAUSE WAS 116. TIME OF INJURY
HOUR XXX MONTH DAY YEAR 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 5: 26P.M. 12 250 8 Subject shot 211. LOCATION 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STATE 4374 Park Hat. Ave. Md. house Balto. TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion Hamicide X Undetermined manner death resulted from TITLE (SPECIFY) ACTUAL DATE 12/26/81 Deputy ChieffEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith. M.D. Penn St. Balto. MD. (TYPE OR PRINT) **ADDRESS** 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Anne Arundel Burial 1/4/82 Mt Calvary Cem Co 25b REGISTRANS SIGNATURE 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH-17** William C. March F/H 1101 E. North Ave (VR A15 ME (5) 15M 2/80



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		(IF NOT IN SUCH FACE	LITY, GIVE STREET ADDRESS)		RINSTITUTION				D OF BUSINE INDUSTRY
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	136 COUN					2209	Jeffer	son St	
	NE	AND DESCRIPTION			5. MOTHER'S MAID	ENNAME			
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		ar ITA A.	234 NAME OF CEN						
(SPECIFY)						CITY OR TOWN		COUNTY	STATE
		2/28/81	Baltir	more	Cem.			DARIC CIC MIN	MD
	Male Baltime SUAL RESIDENCE BUILDERINA Condition Government Gov	MALE BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD D. CITY OR TOWN OF DEATH BALTIMOTE SUAL RESIDENCE (IF IN NURSING HOME OF IDEATH IS ALL COUNTRY) MD I. FATHER'S NAME FIRST ISAIN ISAIN ISAIN CONTRIBUTIONS, If ON, which gove rise to immediate couse (a) stating the underlying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS 190. DATE OF OPERATION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION	MAD OCITY OR TOWN OF DEATH Baltimore SUAL RESIDENCE (IF INNURSING HOME OR OTHER INSTITUTION, GIVE ITS ALL THE PART I DEATH WAS CAUSED BY: (YES, NO, OR UNKNOWN) CONDITIONS, If ony, which gove rise to immediate cause (a) stating the underlying cause last. OCONTRIBUTING PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN JURY OCCURRED WHILE AT WORK 21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT IN JURY OCCURRED WHILE AT WORK 22a L certify that I took charge of the remains described and work of the survey of the part I Death Work ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 35 BURIAL, CREMATION, REMOVAL TIB. DATE BURIAL 4 FUNERAL DIRECTOR	Mate black 2 4 59 22 YR 8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD USA D. CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALT IMOTE ISO COUNTY MD BALT IMOTE ISO COUNTY MD HOPK IN SUCH FACILITY, GIVE STREET ADDRESS) SUAL RESIDENCE (IF INNURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING ISO STATE ISO CULTY OR TOWN BALT IMOTE ISO COUNTY MD BALT IMOTE ISO COUNTY MD BALT IMOTE I.S. TATE I.S. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: I.S. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: I.S. CAUSE OF DEATH I.S. CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH I.S. PALE CORP. FARM. ETC.) I.S. PLACE OF INJURY ACCIDENT I.S. PLACE OF INJURY ACCIDENT I.S. PLACE OF INJURY I.S. PLACE OF INJURY I.S. CACIDENT I.S. CAUSE I.S. TATE I.S. CAUSE I.S.	MONTHS 2 4 59 22 YRS. MONTHS 3 4 59 22 YRS. MONTHS A 59 22 YRS. MONTHS B MARRIER MD USA CITYOR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) JOHNS HOPK INS SUAL RESIDENCE (IF INNUSSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION) IS STATE SUAL RESIDENCE (IF INNUSSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION) IS STATE IS ATTE MDDLE LAST BROWN IS COUNTY MD BALTIMORE I.AST I.AST I.AST I.AST BROWN I.AST I.AST	The black 2 4 59 22 YRS AND	BALLIMORE DIACK 2 4 5 9 22 YRS DAYS ROURS MINK PROPOSED BRITHPIACE (STATE OR 1/0 CHIZEN OF WHAT COUNTRY? MARRIED NEVER MARR	The place of the p	## 12-22-8 ## STATE OF OPERATION STATE AND STATE



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STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

KEO						REG. P				
1. DECE ASEI		,	WIDDLE	Ĺ.	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	EDDIE		W	BR	LOWN		12	17	81	5:45P
3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)		ER 1 YEAR	IF UNDER 24 HRS
MALE		BLACK		MONTH 8	$\overset{\circ}{2}1 \overset{\circ}{2}\overset{\circ}{0}$	61	YRS.	MONTHS	DAYS	HOURS MIN
	CE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	X NEVER MARRIED	9 BALTIMORE CITY		Y OF D	EATH	
Geor	,ia	U. S.	Α.	WIDOWE		Baltimor	e			M
O. CITY OR	OWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120. USUAL OCCUPAT		128		F BUSINESS OF
Balt:	more		Baltimore		land 21218	Laborer	OF WORKING	LIFE) IN	DUSTRY	
USUAL RESI	DENCE (IF HURSING HOME (OR OT CRINETY TION.	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
Mary	land Bal	timore	Baltimor		YES 🔼 NO	2708 E.	Chase	Str	eet	
4 FATHER'S	NAME	MIDDLE	ŁAST		15. MOTHER'S MAIDEN NA	ME			1AS	
7	ndrew	MIDDLE	Brown	- 77	Sara	MIDDLE			Brow	
	EASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS			
Yes	(IF YES, GI	VE WAR OR DATES)	578-18-9	822	VAMC records	Baltimore	Mary	land	212	18
18 CA	USE OF DEATH (Enter of	only one couse per	line for (a), (b), one	dic						MATE INTERVAL
PA	RT I. DEATH WAS CAUS	ED BY:	Cardin	(1)	+					
4) 7 SIMMEDIA	ATE CAUSE (a)	Co- William						1100	
- /	0,10	DUE TO, OI	R AS A CONSEQUE	NCE OF						
	tions, if ony, which rise to immediate	(b)								
	lying couse lost	DUE TO, O	R AS A CONSEQUE	NCE OF						
		(c)								
	OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	ADITION G	IVEN IN	PART 1(c) 1
CERTIFICATION 18 DA 18 D	TE OF OPERATION	119h COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. JF Y	ES. WER	E FINDIN	NGS USED
5		45 1					IN CERT	IFYING		OF DEATH?
21a A	CIDENT WAS UNDERLYING	21b. TIME O	F INTERY		21c. HOW INJURY OCCUR	YES NO X		PART LO	P P APT 7)	NO 🗍
00.00	TRIBUTING CAUSE OF D	140110 4	M. MONTH DA	YEAR	THE HOW BASON OCCOR	RED (ENTERNATORE OF BA)	2K) 114 (1EM 10	, FART TO	N F PAR 1 2)	
9	ER, NOTIFY MEDICAL EXAMINE			19						
ZId. IN	JURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	NWN	co	UNTY	STATE
AT WOR										
22a. E	ertify that (I (this has	oital) attended th	e deceased from _	Decem	ber 14 _{.19} 81	Decemb	er 1/	., 19_8	1	that X (we) la
SC	w the deceased alive on auve, a (we) (did) (did	Decemb view the body	er / 19_ ofter depth.	81_, or	ed that in (mX) (our) opinion	death occurred on the	date and he	our ond	from the	couses stated
22b. S	GNATURE	1			DEGREE			2	2c. DATE	SIGNED
×	Honbran R	Then	- MA		ATTENDING PHYSICIAN [MEDICAL STA			12)	18/81
22 d. PH	YSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS					7
	~ · I D	7			TT4340 D 1.4				_	
	Stephen 12.	Inom			VAMC, Balti	more, Mary	land :	2121	8	

TO FUNERAL DIRECTOR:

DHMH - 16 50M 7/77 (VR A 15 (4))

(SPECIFY) Burial Holly Hill Mem. Gard.

Baltimore Co.,

STATE Md.

74 FUNERAL DIRECTOR
Wm. C. March F/H 1101 E. North Avenue

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

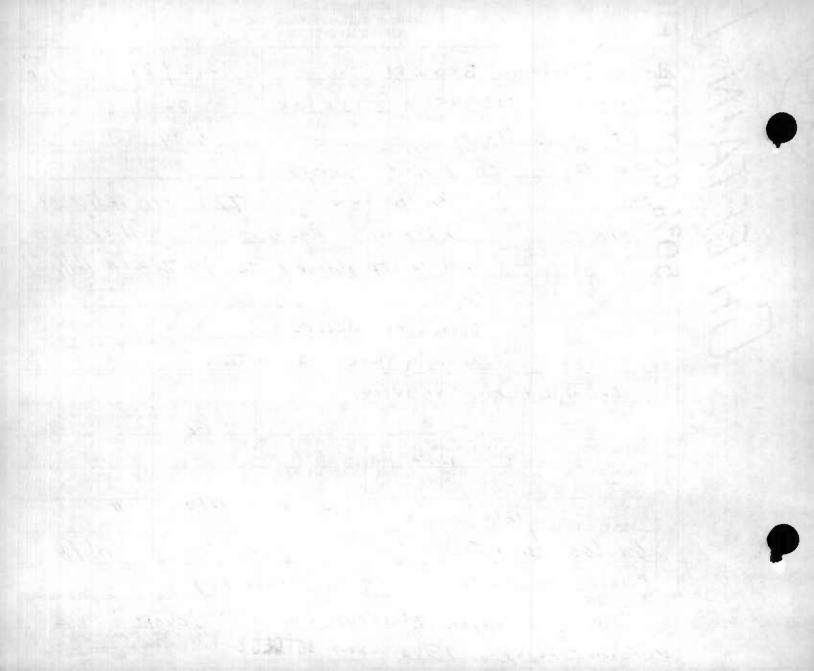
S	1.	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
d	(TYPE	CEASED NAME FIRST EORPRINT) ATTIE JOSEPH	INE BROWF	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR SO
	3. SE:	FEMALE	NES 20	DATE OF BIRTH DAY DAY YEAR DAY O DAY	6. AGE (IN YEARS LAST BIRT	
1		COUNTRY	U.D.H	MARRIED NEVER MARRIED	9 BALTIMORE CITY OF	MD.
2	1	BAHO	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD THE HOSPITAL STREET ADD	S HOSO	120 USUAL OCCUPATION	
5	130 5	STATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE AD Y 13c. CITY OR TOWN	YES NO [13e. STREET ADDRESS	Ht. Hally st
U		JOHN		SON Reec	MIDDLE	HICKMAN
		WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)	8272 HARCEY	BROWN ADDRES	723 Ht. Hally St
	NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CORPORATION.	DUE TO, OR AS A CONSEQUENCE (b) DECURSIT DUE TO, OR AS A CONSEQUENCE (c) WITH ANY	CE OF PACT FUP	ection NINAL DISEASE OR COND	DITION GIVEN IN PART 1 (a
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
2	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE ONT WHILE AT WORK	21b. TIME OF INJURY HOUR AND MONTH DAY P.M. 12 2 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM	184 211. LOCATION	RED (ENTER NATURE OF INJUR	
		220. I certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (did not). 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR F. C. ARLOS)	view the body afterdepth. 19 81	DEGREE ATTENDING PHYSICIAN [22e ADDRESS SAINT AG	MEDICAL STAF	
	- (BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL DIRECTOR	236 DATE 236. NAJ	ME OF CEMETERY OR CREMATORY A CECTON 14 CEN 1250 DAT		XOH COUNTY VA STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

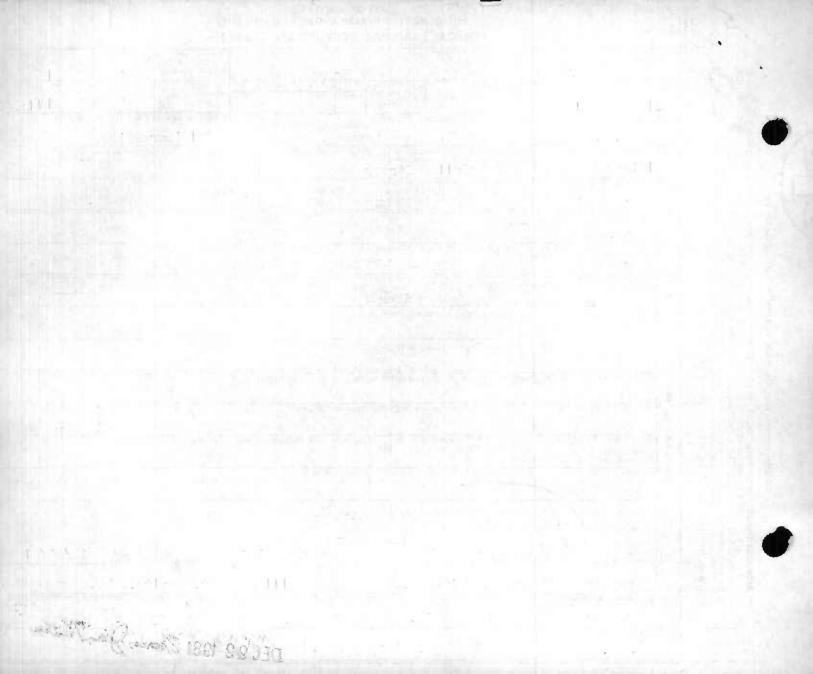
IMPORTANT: If Hem 21 is marked acriem 18 s.m. on injury, or other troumatic event, the

348CALHOUN ST

250 DATE REC'D BY DEGISTRAR 250 DISTRA



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' .//		REGISTRAR		ME	DICAL	EXAMI	NER'S C	ERTIFICA	TE OF D		REG. N	Ю.		
		CÉASED NAME E OR PRINT)	FIRST		WIDDLE			LAST		Zo. DATE	KNOWN	MONTH	DAY YE	AR 26. HOUR
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26ESE	3. SEX		4. RACE	5. DATE OF BIRTH		6. AGE (INY	EARS IF UN	DER 1 YR. IF	UNDER 24 H		TE	MONTH		AR 2d HOUR
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ANY I ANY I AND 3 RETA HOULD RECORD		TATE MD	IF IN NURSING HOME	OR OTHER INSTITUTION, G	13c CITY	e before admiss y OR TOWN 1timo		13d. INSIDE CITY L	IMITS? 13e,	STREET ADD	RESS ACCull	Loh S	t.	
3	14. FA	THER'S NAME						15. MOTHER'S	MAIDEN N	AME				
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24 HOR ITEM 1 LONG PERMI GIENE, VVAL.		.5/71		TE CAUSE (a)	Fatty	Liver	2		2000		iff is			
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EAABLO -	ATI	190. DATE OF	OPERATION	19b. COND	ITION FOR	WHICH OPE	RATION W.	AS PERFORMED	D?				2D AUTOF	SY?
CHIEF SE USED IT OF H	IFK	4.0		27 30 4									YES 5	D NO []
THE CANNERS TO BE	MEDICAL CERTIFICATION	210. EXTERNA	L CAUSE WAS	216. TIME O HOUR A.A		DAY YEA	R 21c. HC	W INJURY OC	CURRED (E)	NTER NATURE OF	INJURY IN ITEM 18	PART I OR PAR		
11NG TH 3 SHOU DEPART PRIOR	ICA	CONTRIBUTIN	IG CAUSE OF			19		114.611						
OED 3 S DEP	MED	21d. INJURY C	NOT WHILE	21e PLACE	OF INJURY			REET		CITY OR 1	OWN	cou	NTY	STATE
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2 E - 4		death resulte	1	ral courses [3]	Accident	171	vicide	ر الكلاء الم		ndetermined i		па ш ту орг	mon	
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E K A K E		SIGNATURE_	10	- A	-	1	M.	D	0.710	MEDICALEXA	MINER	SIGNE		
PAGE 4 SHOULD BE TO FUNERAL DIRECTO FUNERAL DIRECTO AFTER DEATH, WITH BALTIMORE, MARYL	-	EXAMINER'S (TYPE OR PRIN	NAME TH	nomas D. S	Smith.	, M.D.		ADDRESS	III Pe	enn St	Balt	o., M	D.	
X S T A B	23c.Bl	JRIAL, CREMAT	ION, REMOVAL					CREMATORY		d. LOCATION		COUN	TY	STATE
- WILLIAM		Buri		12/26/81	l N	1d. Ve	etera	n Cem.			svill		M	MD
4 - 17		JNERAL DIREC		ADDRES	5 0 0						RAR 256 REG	ISTR	BAN PL	Torio
(5))	, it.	Wm. C.	. March	F/H ADDRES	101 H	E. Noi	rth A	ve.	DEC	22 198	13 True	D		
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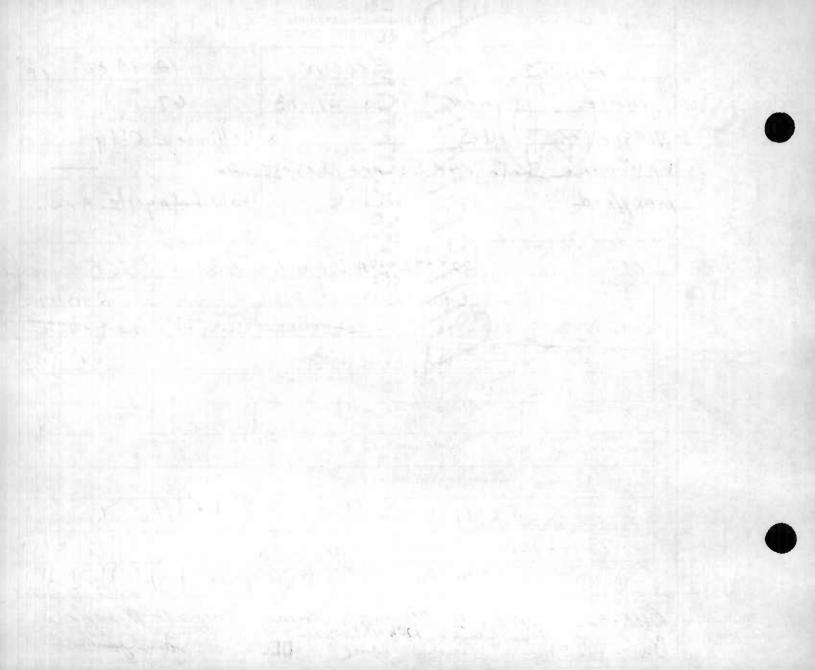
(VRA 15, 4)

Wm. C. March F/H

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEC 22 1381 Emms & milimater

1	1 -	FOR STATE REGISTRAR	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HYG TIFICATE OF DEATH	REG. NO.	3 1 2 4 9
de di	TYPE	EASED NAME FIRST OR PRINT) Lewis	MIDDLE	BROWN	20 DATE OF DEATH MONTH	10 81 26 HOUR 16
W	SEX	male	BIACK MC	POPULATION OF STREET OF ST	6 AGE (IN YEARS LAST BIRTHDAY) 6 7 YRS 9 BALTIMORE CITY OR COUNT	IF UNDER 1 YEAR IF UNDER 24 HRS
33	0	OUNTRY) IRGINIA	U.S MAR	RIED NEVER MARRIED NEVER MARRIED DIVORCED K	BAHimore (126 KIND OF BUSINESS OR
201	30 S	L RESIDENCE IF NURSING HOME OR OTH TATE 136 COUNTY	A CHARLET GIVE SIRELADORSSING ER INSTITUTION GIVE RESIDENCE BEFORE ADMISSING 134 CITY OR TOWN 130 LI MONTO		(TYPE OF WORK FOR MOST OF WORKING L	IFE) INDUSTRY
		THERE NAME FIRST MIDE		YES NO 1 15 MOTHER'S MAIDEN NAM	ME MIDDLE	the Ave,
medical / 16		AS DECEASED EVER IN U.S. ARMED ES, NO OR UNKNOWN) (IF YES, GIVE WA		17 INFORMANT 144 VIVIAN AN	an Johnson 1	336 Kidment 16
unal, cremation, or removal, or other traumatic event, f		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	1 0 2/ 1 4 /2 /	tension.	hung disea	Ser. Mr
ont out interes	CERTIFICATION	A-SC.	19b. CONDITION FOR WHICH OPERAT		200 AUTOPSY? 206. IF YE	5, WERE FINDINGS USED FYING CAUSES OF DEATH?
	MEDICAL CERT	? } a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 1	AR	YES NO Y	
orked or	WED	MHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC-)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
an 21 h a		22a.1 certify that (1) (this hospital) saw the deceased alive on abave, (1) (we) (did) (did nat) via 22b. SIGNATURE		and that in (my) (our) opinion of DEGREE	death accurred on the date and ha	
# TAN		22d. PHYSICIAN'S NAME (TYPE OR PRI	in. M. Waeen	MD ATTENDING PHYSICIAN 2	MEDICAL STAFF DIRECTOR PHYSICIAN	12) G(S)
WPORTAN	Ra Bi	AMATUNI JRIAL, CREMATION, REMOVAL 12	N NAEEM 36. DATE 1236 NAME O	501. DG	1230 LOCATION	5/2/2/2
	1	OGRIAL NERAL DIRECTOR	12/15/4 CKBWA	SUILLE UEteRANS	JOSTY OR TOWN	MARY/ANK TRAP'S SIGNAMINITE
(4)	B	rown is Course	unt James 7	oure DEC	15 198 france	ganllastlan



BECOSTANCE DESCRIPTION DEATH SECOND DEATH D		1	1.	FOR STATE	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY	GIENE 8	3 1	250
LLUAN M. BROWN 1. SEX EMALE LACK		12		REGISTRAR						
S.B.R. FMALE S.D.R. CORBON S.D.R. CORB	2 75	1		250 400 (4.15)		-			- 12	81 10 30 F
TAE BRITHPLACE SMALL STORMAN SMALL STORMAN	A God a	1	1.5E						C.	M non
BUSINESS OR INVENTION OF DEATH IN NAME OF HOSPITAL NURSHING HOME OR OTHER INSTITUTION ITS USUAL OCCUPATION INDUSTRY INDU	1			FEMALE	B LACK	07	26 25	56	YRS	DAYS HOURS MIN.
B CITY OR TOWN OF DEATH B CITY OR TOWN B	$\mathbf{P}(\mathbf{M})$	83				MARRIE			_	
The STATE MAD BACTO BACT	NO	38		BALTO	UNIVERS	STREET ADDRESS)				KIND OF BUSINESS OR
SAPER SAME PROJECT SAME PROJECT SAME SAPE	n 24 hou filled in hould be	35		TATE 136 COUNTY	13c. CITY OR	TOWN	YES NO	2928 CL	IFTON	AVE
The WAS DECEASED EVER NULS ARKED FORCES? THE SOCIAL SECURITY NO 17. NFORMANT ADDRESS RINS PK. PENN. 578.00 - 360.00 18. CAUSE OF DEATH LENGTH ONLY OF WAS DEADED. 18. SOCIAL SECURITY NO 17. NFORMANT ADDRESS RITH 243 OSCEOLA AVE. APPROXIMATE PRIVATE AND SECURITY NO 18. CAUSE OF DEATH LENGTH ONLY OF WAS DEADED. 18. SOCIAL SECURITY NO 18. NO OWNER OF WAS DEADED. 18. SOCIAL SECURITY NO 18. NO OWNER OF WAS DEADED. 18. SOCIAL SECURITY NO 18. NO OWNER OF WAS DEADED. 18. SOCIAL SECURITY NO 18. NO OWNER OF WAS DEADED. 18. SOCIAL SECURITY NO 18. NO OWNER OF WAS DEADED. 18. SOCIAL SECURITY NO 18. MEDICAL SECURITY NO 18. MEDI	1 10	4	4. FA	FIRST	DDLE LAS	ī	15 MOTHER'S MAIDEN NA	AME		LAST
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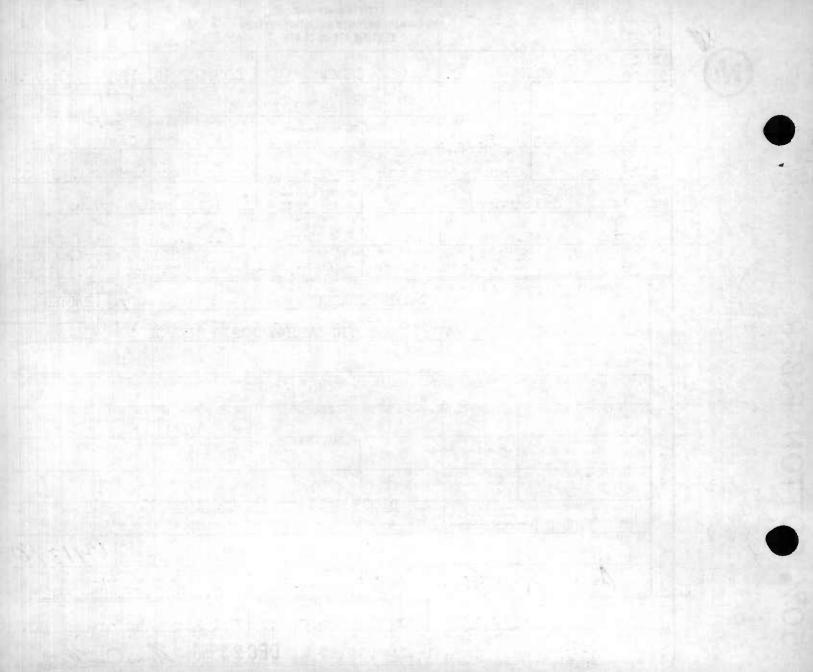
STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEMBER RALPH D. BROWN DECEMBER R. 981 1.07 P.M.		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	NO				
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NO SOURCE SOURC					_	1	М					Goo	dman		
NO 237-01-9663 Ruth E. Brown Balto., MD. 21219 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c)) PART I. DEATH WAS CAUSE BY IMMEDIATE CAUSE (o) CARDIAC ARREST DUE TO, OR AS A CONSEQUENCE OF COnditions, if only, which gove rise to immediate couse 10), islating the underlying couse lost (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR PM. 19 216. HACCOPINIUMS (IN PART 1) 2176. HACCOPINIUMS (IN PART 1) 218. SIGNATURE 226. AUTHENDING (IN PART 1) 2276. DECEMBER 18. 19. 81., that (IN (We) lost 1) 2276. DECEMBER 18. 19. 81., that (IN (We) lost 1) 2276. DECEMBER (IN PART 1) 2276. DECEMBER (I					16h SOCIAL SECUI	RITY NO.	17 INFORMA	NI		ADDR	学13			370	
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220.1 certify that (I) (this hospital) attended the deceased from DECEMBER 14, 19 81, to DECEMBER 18, 19 81, that (I) (we) lost saw the deceased alive an DECEMBER 18 19 81, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN (I) DIRECTOR PHYSICIAN (I) 220, DATE SIGNED 220. PHYSICIAN DIRECTOR PHYSICIAN (I) 222 ADDRESS CHURCH HOSPITAL CORPORATION 100 NORTH BROADWAY, BALTIMORE, MD 21231	CAL														
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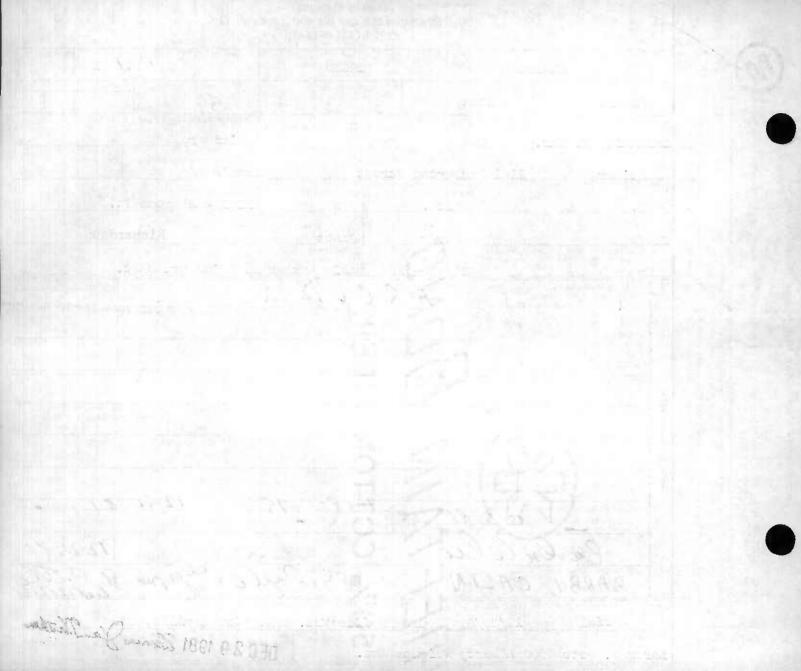
IMPORTANT: If Hem 21 is marked or Hem 18 sho



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

/	1.	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEA		IENE 8	3	2.	5 2	
		CEASED NAME FIRST	M	IDDLE		AST		20. DATE OF DEATH		AY YEAR	2b. HOUR	
	(1117)	REBE	CCA			BROWN			12/ 22	2/ 81		
	3. SE	X	4. RACE		5. DATE (OF BIRTH		6. AGE (IN YEARS LAST B	RTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
		Female	Blac	k	MONTH	1.5	YEAR 22	59	^^	ONIHS! BAYS	HOURS MIN.	
200	7a. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8			9 BALTIMORE CITY	OR COUNTY	OF DEATH		
State a		COUNTRY)	110	7		D NEVER MAI			0			
ı		lumbia. S. Car.	US.	A OSPITAL, NURSIN	G HOME C		RCED [Baltimore	ION	LIN KIND O	MD. F BUSINESS OR	
6	_	-711		FACILITY, GIVE STREET				(TYPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	1 003 11 12 33 OK	
-	USU	altimore AL RESIDENCE (IF NURSING HOME OF	1141 AS	hburton :	Stree	t		Leon's Pig	Pen			
F	130. 5	STATE 13b. COU	VTY	13t. CITY OR TOW		134. INSIDE CITY		13e STREET ADDRESS				
-		Md. ATHER'S NAME		Balto.		25	0 🗍	1141 Ashbi	urton S	St.		
.m.	19. 17	FIRST	MIDDLE	LAST		15. MOTHER'S M		WIDDIE		tAS	т	
0		ddy		Favar		Janet				rdson		
	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDR	ESS			
		No		220-20-5	159	Mable Pa	rker .	1141 Ashbu	rton St			
	1/2	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (C ())									MATE INTERVAL	
			TE CAUSE (o)	H	20	. 00						
=1	100	4292	DUE TO, OR	AS A CONSEQUE	NCE OF							
		Conditions, if ony, which	((b)							A FILE		
		gave rise to immediate cause (a), stating the	DUE TO OR	AS A CONSEQUE	NCE OF							
		underlying couse lost.	(5)	AS A CONSEQUE	INCL OF					100		
		PART 2. OTHER SIGNIFICANT	CONDITIONS CON	NTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERM	NAL DISEASE OR CON	IDITION GIVE	N IN PART 1(a	1	
	ON			250								
	CERTIFICATION	19a. DATE OF OPERATION	196 CONDIT	ON FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED	
7	TIFI		-					YES O NOO	IN CERTIFY YES	ING CAUSES	OF DEATH?	
1	CER	710. ACCIDENT WAS UNDERLYING			1117	21c HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJU				
1		OR CONTRIBUTING CAUSE OF DEA	1111	. MONTH DA								
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE O	FINJURY	19	211. LOCATION						
	W	WHILE NOT WHILE	(AT HOME STREE	T, FACTORY, OFFICE, FA	RM, ETC)	STREET		CITY OR TO	NWO	COUNTY	STATE	
П		270 Leartify that (I) (this hospital) attended the decoral from										
		270.1 certify that (I) (this hospital) attended the daceased from										
	0	obove, (1) (was tend) (did not) view the body after death.									SIGNED	
		276. SIGNATURE DEGREE ATTENDINGMEDICAL STAFF								17-7	13-81	
-		22d. PHYSICIAN'S NAME (TYPE C	R PRINT)	,		22e ADDRESS	SICIAN D	DIRECTOR PHYSIC	CIAN		- 22	
		RARRII	CALI	11		8311	Vari	lan y	2pre	St (4.	mello	
-	00 0	77776794	1	V		0 / 1				list	2/216	
		SPECIFY)		100		EMETERY OR CREA		23d. LOCATION CITY OR TOWN		COUNTY	STATE	
	24 51	Burial	12/28/8	1 Cro	wns vi	lle Vet.		Crownsvi		10	Withen	
		JNERAL DIRECTOR		ADORESS	- 1		25a. DATE	REC'D. BY REGISTRAF	REGISTR	- James	JAC .	
	Le:	roy O.Dyett 460	0 Libert	y Height:	s Ave		DE	6 6 9 1901	~~	D		

DHMH - 16 50M 1/81 (VRA 15, 4)



(7)	1	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		3 1 2 5
n 60 E		ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	
y be		Rita	au,	Brown	December 1	1, 1981 5:35
	3 SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS M
(Female	Black	10 1 190	0.	YRS
Chan	Lane	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED		OR COUNTY OF DEATH
b. 5 6	1	Md	USA	WIDOWED DIVORCED	Baltimor Baltimor	
offer dwift	10.0	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE	TURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	
Filed #		Baltimore	Maryland Gen	eral Hospital	Dome	
24 hau illed in ould be	13a.	STATE 13b. CC		R TOWN 13d. INSIDE CITY LIMI	TS? 13e STREET ADDRESS	
		Md	Bal		2026 ME	IdISON AVE
mpletely ond 2 st	IL.F.	ATHER'S NAME	MIDDLE LAS	15. MOTHER'S MAIDE	N NAME	TZAL
	1	JosePh	50	off Soph	ia Hil	Hammon
n and co		WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDR	Hammon ESSHQUE, LANVOI
s. Page		No	215-5	10-0789 Mrs Mal	se Scott	Balto, Mdala
ne deoth ne ottendi emove co motion, o		Conditions, if any, which gave rise to immediate	,0,	sequence of icular arrhythmia		
been signed by the mit. Then please rem prior to burial, crema ony injury, ar other t	CATION	gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONS (c) Probab			20b. IF YES, WERE FINDINGS USED
te law requires that the in. The permit Then please remene prior to burial, crema was any injury, ar other trees.	TIFICATION	gave rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONS (c) Probab	SEQUENCE OF le Myocardial Infa	TERMINAL DISEASE OR CONI	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
SICIAN: The low requires that the ng physicion. certificate been signed by the rirol-transit permit. Then please remental Hygiene prior to burial, crema them 18 shows any injury, ar other to	MCAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI	DUE TO, OR AS A CONS PROBAB IT CONDITIONS CONTRIBUTION 19b. CONDITION FOR W DEATH HOUR A.M. MONTH NER)	SEQUENCE OF LE MYOCARDIA INFA G TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED H DAY YEAR 19	TERMINAL DISEASE OR CONI	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
itAlvision. physicion. riticon been signed by the literanis permit. Then please rem of Hygiene prior to burial, crema m 18 shows any injury, ar other to	MEDICAL CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	DUE TO, OR AS A CONS (c) Probab IT CONDITIONS CONTRIBUTING 19b. CONDITION FOR W DEATH HOUR A.M. MONTH NER) P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	SEQUENCE OF 1e Myocardial Infa G TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED H DAY YEAR 19 21f. HOW INJURY OF	TERMINAL DISEASE OR CON- 200 AUTOPSY? YES NOW	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 18, PART 1 OR PART 2)
HYSICIAN: The low requires that the rading physicion. It is certificate has been signed by the buriol-transit permit. Then please rem I Mental Hygiene prior to buriol, crema or Item 18 shows any injury, or other the		gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 199, DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220, 1 certify that \$1 (this ha	DUE TO, OR AS A CONS Probab IT CONDITIONS CONTRIBUTING 19b, CONDITION FOR W 21b, TIME OF INJURY HOUR A.M. MONTH P.M. 21c, PLACE OF INJURY (AT HOME, STREET, FACTORY, O	SEQUENCE OF 1e Myocardial Infa G TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED H DAY YEAR 19 21f. HOW INJURY OF OFFICE, FARM, ETC.) 21f. LOCATION STREET From November 30, 19.8 19 01, ond that in WM (aur) ap DEGREE	200 AUTOPSY? YES NOW CCURRED (ENTER NATURE OF INJUIT CITY OR TO To December initian death accurred on the do	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY COUNTY STATE 19 8 tho X X (we) 21c. DATE SIGNED
OSPITAL OR ATTENDING PHYSICIAN: the low requires that the ed by the haspital or attending physicion. UNERAL DIRECTOR, After this certificate been signed by the d be detached for use as the buriol-transit permit. Then please rem he State Dept. of Health and Mental Hygiene prior to burial, crema RTANT: If them 21 is marked or them 18 shows any injury, ar other the		gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 199. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 27d. 1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) 27b. SIGNATURE	DUE TO, OR AS A CONS PROBAB IT CONDITIONS CONTRIBUTING 19b. CONDITION FOR W 19b. CONDITION FOR W 19b. CONDITION FOR W 19b. CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, O spitol) oftended the deceased f on December 4 MANUTURE WITH BOOK AND THE CONTRIBUTION PEOR PRINTING DECEMBER 10c. CONTRIBUTION 10c.	SEQUENCE OF 1e Myocardial Infa G TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED 19 216. HOW INJURY OF STREET 216. LOCATION STREET 19 0 DEGREE ATTENDIN PHYSICL 22e. ADDRESS	TERMINAL DISEASE OR CONI 200 AUTOPSY? YES NOW CCURRED (ENTER NATURE OF INJUI CITY OR 10 Initian deoth occurred on the de	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PRINTED TO PART 2) WHO COUNTY STATE 4 19 81 tho X X (we) after and hour and from the causes stated 22c. DATE SIGNED 12/4/81
ITALOK ATTENDING PHYSICIAN: the low requires that the by the haspital as attending physicion. ERAL DIRECTOR: After this certificate been signed by the eleached for use as the buriol-transit permit. Then please rem State Dept. of Health and Mental Hygiene prior to burial, crema ANT: If them 21 is marked or Item 18 shows any injury, as other the	MEDICAL	gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 199. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED AT WORK NOTIFY MEDICAL EXAMI 22d. I certify that XI (this has sow the deceased alive above, (I) (we) (did) (a)d 22b. SIGNATURE	DUE TO, OR AS A CONS (c) Probab IT CONDITIONS CONTRIBUTING 19b. CONDITION FOR W 19b. CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O spital) oftended the deceased for December 1 AND view the body after death. WE OR PRINTY TO DO TO THE TO TO THE TO	SEQUENCE OF 1e Myocardial Infa G TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED H DAY YEAR 19 216. HOW INJURY OF SPECE, FARM, ETC.) 216. LOCATION STREET From November 30, 19.8 19.0 ond that in WA (our) op DEGREE PHYSICI. 22e. ADDRESS C/O Mary	200 AUTOPSY? YES NOW CCURRED (ENTER NATURE OF INJUIT CITY OR TO Initial death accurred on the do NG MEDICAL STAI AN DIRECTOR PHYSIC Land General H	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PRINTED TO PART 2) WHO COUNTY STATE 4 19 81 tho X X (we) after and hour and from the causes stated 22c. DATE SIGNED 12/4/81
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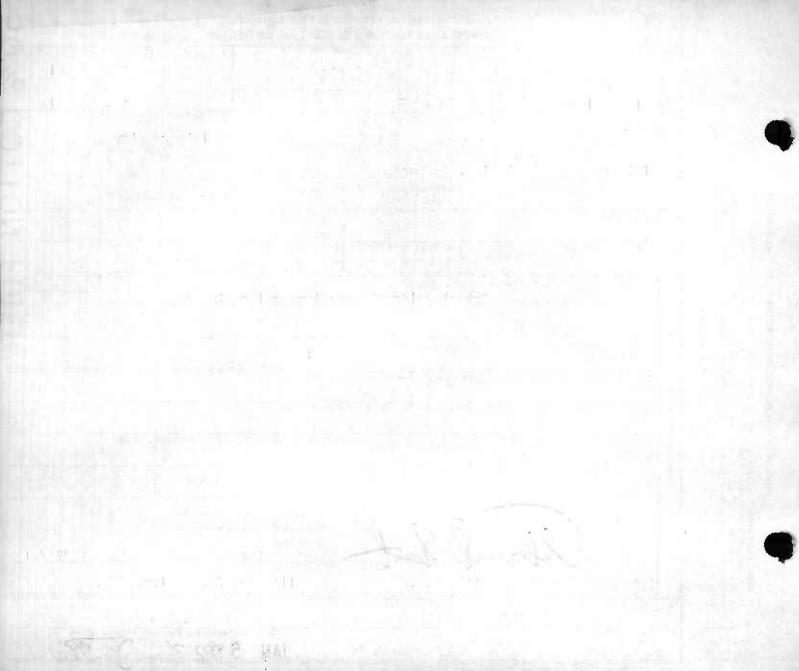
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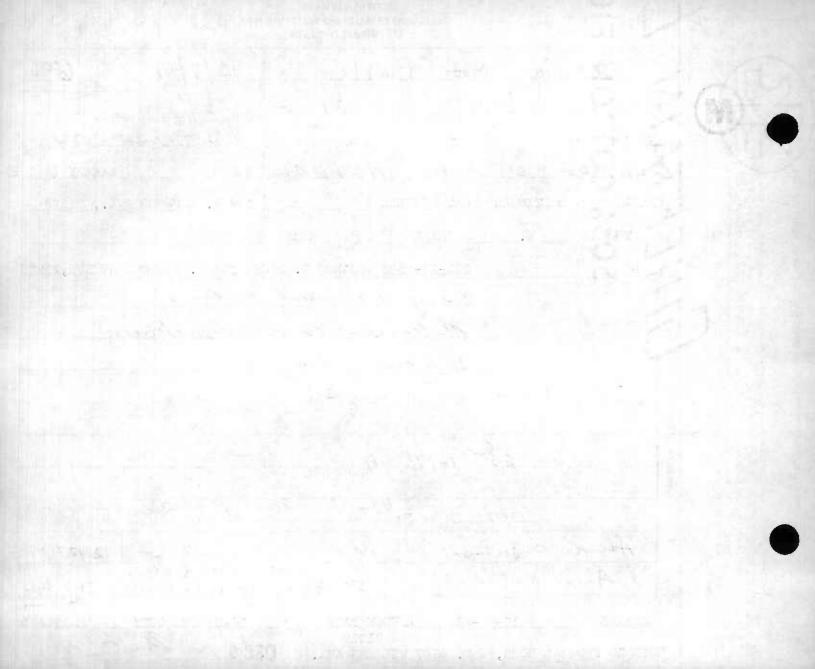
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	100		CEASED NAME	FIRST		MIDDLE	2	LAST		20. DATE KNO	WN A MONT	H DAY Y	EAR 26 HOUR
	Mark to			Marv	,	E.	(F	Brice)	Bruce	DEATH MA	TED 12	2 2819	M 18
	SHEDE.	3. SE2	4.	RACE	5. DATE OF BIRTH	6 AGE (IN	YEARS IF U	DER TYR. IF L	UNDER 24 HRS		MONTH		YEAR 24 HOUR 4: 45A
	2 2 2 2	F	male	Black	7 15	YEAR LAST BIRT	YRS.	THS DAYS HO	DURS MIN	PRONOUNCED DE AD	1′	2 2819	
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	H. IF ANY DELAY IS NECESSA. 2, AND 3TO THE FUNERAL 3. RETAIN PAGE 5 FOR Y 2. SHOULD BE FILED, WITHIN AL RECORDS, 201 W. PRESTO		lumbia,			PITAL, NURSING HO			IVORCED L	I Baltimo	ore City		MD. OF BUSINESS
	V SEGES V	10.0	III OK IOWII O	DEATH		CILITY, GIVE STREET ADDRES		TER INSTITUTION	FOR	MOST OF WORKING	LIFE)	OR INC	DUSTRY
	SS. TOTAL		Baltimor			. Ashburt							
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212	A PE OF STAN		MD	100 0000		Baltimor	e	4000	10 🗆	1211 As	hburton	St.	
. g	AL AL	14. F/	ATHER'S NAME					15. MOTHER'S	MAIDEN NAM	E			
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Š	2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECUI	RITY NO.	17. INFORMAN	AL DM IT	JA.	DDRESS		
BALTIMORE, MD. 21201	E EXECUTED WITHIN 24 HOURS AFTER DEATH. IF A DING." IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AN DICAL EXAMINER ALONG WITH FORM PM 3. REDICAL EXAMINER ALONG WITH FORM PM 3. REDICAL TRANSIT PERMIT PAGES 1/AND 2 SHOTH AND MENTAL HYGIENE, DIVISION OF VITAL REMATION, OR REMOVAL.	()	ES, NO, OR UNKNOW NO	N) (IF YES, GIVE	WAR OR DATES)	245-18-0		Mm Vir	a Denia	1011	A a b b se	+-m C+	
¥ A	PA PA						901	MI. KII	ng Bruce	e1Z11	Ashbur		-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	8, V	13	18 CAUSE OF PARTIDEA	THI WALAC CALLERY	N DV	for (o), (b), ond (c).)			100			BETWEEN	ONSET AND DEATH
N C	AL SERVICE AT		1150	IMMEDIAT	TE CAUSE (0) Art	erioscler		cardiova	scular	disease			
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20	N A A A		lying cause	last.	(c)_							Many	
Š	D BE EXECUTED ENDING** IN IT MEDICAL EXA AS A BURIAL ALTH AND MI CREMATION,		PART 2 OTHER SIGN	IFICANT CONDITIONS		BUT NOT RELATED TO THE T	ERMINAL DISEA	SE OR CONDITION GIV	EN IN PART 1 (a)				
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7	00=047	5											
2	RE. THIS CERTIFICATE SHOUTE, WRITING THE WORD WAYARDED TO THE CHIE RE PAGE 3 SHOULD BE USE STATE DEPARTMENT OF DO, 21201 PRIOR TO BURIAND OF THE PROPERTY OF THE DEPARTMENT OF	E	210 EXTERNAL	CALISEWAS	216. TIME OF	INHIDV	21. 6	OW ALILIBY OC	CHORED CARE	R NATURE OF INJURY IF		YES	□ NO XX
Ö	문화보증됐으 <u></u>						EAR	OW INJURY OC	CORRED (ENIE)	NATURE OF INJURY IF	THEM IS PART TOR	PARI 2)	
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۵	WRI WARE VAGE 120	1		AT WORK									
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2		22a I certify	that I tack	a of the company de-	cribed obove, held or	n Autas	VII I=	spection .	Inquiry .	, ond in my		
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	SESSES -		SIGNATURE_		roway	June	60	Deputy	Chier	DICAL EXAMINER	≷ SIG	NED 12/	/28/81
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111	524549	23a.B	SPECIFY)	ON, REMOVAL 2	3b. DATE	23c. NAME OF	CEMETERY (OR CREMATORY	23d. L	OCATION Y OR TOWN	CC	OUNTY	STATE
160	BP		Buri	al	1/4/82	Westvie	w Mem	. Pk.	(Catonsvi			MD
	DHIAN 12	24. F	UNERAL DIRECT	OR	ADDRESS			25a.	DATE REC'D. B	Y REGISTRAR 2	B REGISTRAR'S	SIGNATURE	
	DHMH - 17 (VR A15 ME (5))	W		rch F/H	Inc. 1	101 E. Nor	th Av	e.	JAN 5	1002	1	1000	A.
	15M 2/80				,				V/M		The Contract of the Contract o	F. 10.	ALMAN .



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN 1. DECEASED NAME 2h HOUR (TYPE OR PRINT) OF ESTI-RANDOLPH BUCHANAN DEATH MATED 4 RACE 5. DATE OF BIRTH 3 SEX A. AGE (IN YEARS IF LINDER 24 HRS DATE 2d. HOUR DAY LAST BIRTHDAY PRONOUNCED male black 11/21/81 12-22-81 DEAD 1mt yxs 5.1, 2, AND 3 TO THE FUNERALT PM. 3. RETAIN PAGE 5 FOR ND 2 SHOULD BE FILED, WITHIN VITAL RECORDS, 201 W, PRESTO TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City WIDOWED DIVORCED Mary Yand 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION TYPE OF WORK 1126, KIND OF BUSINESS Sinai Hospital FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. 3740 Manchester Ave. 3740 Manchester Ave. 21215 Baltimore YES SXX NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST WITH FORM IT. PAGES I ANDIVISION OF 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FF MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DIL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Sudden infant death syndrome IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION CATE, WRITE FORWARDS TO THE CORP. TO PRESENT OF BE USED AN THE STATE DEPARTMENT OF HEAT OF THE DEPARTMENT OF BENEAL OF THE DEPARTMENT OF T 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES & NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Inquiry deoth resulted from Undetermined manner Natural causes Homicide TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) ADDRESS. 23a BURIAL, CREMATION, REMOVAL 23b DATE 234. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 12/24/81 West View Mem Pk Baltimore, Maryland BP 24 FUNERAL DIRECTOR Withen Law Funeral Home 4611 Prk Heights Ave. **DHMH-17** (VR A15 ME (5) 15M 2/80

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BP.

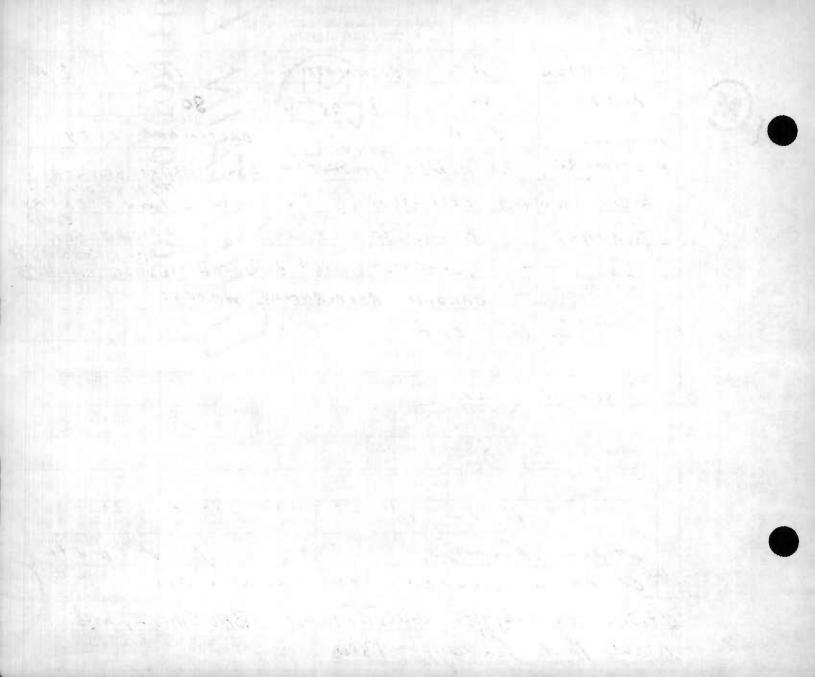
DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
	CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26 HOU
	GORPRINT) GORDON	A.	BUCKMASTICK	/	2-4-81 2
1 SEX	MALE	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR 7 28 01	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS
1	RTHPLACE (STATE OR FOREIGN COUNTRY) THIN LANG	76 CITIZEN OF WHAT COUNTS	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR	-
8.	ALTIMO RE	(IF NOT IN SUCH FACILITY, GIVE STE		12ª USUAL OCCUPATION OF WORK FOR MOST OF ADMINISTR	2 7
13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUR		OWN 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 7	TWN & COUNTY
14 FA	RICHARD	MIDDLE LAST EVEKM	15 MOTHER'S MAIDEN NA FIRST MORY	ME MIDDLE	NICHOLSON
16a W	NAS DECEASED EVER IN U.S. AR. YES NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES!	ECURITY NO. 17. INFORMANT 5-3063 DUKOTHY B.	ROESCH TI	S 2412 RAVEN WE MONIUM MAI 2
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEC	AC - REFPIRATOR	ARRES	
Z	cause (a), stating the underlying cause last		OUENCE OF	inal disease or condi	ITION GIVEN IN PART 110
TIFICATION	cause (a), stating the underlying cause last	COP3.		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT
CERT	COUSE (O), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT OF COURT OF COURT OF COURT OF COURT OF CONTRIBUTING CAUSE OF DEAL OF COURT	196 CONDITION FOR WHI 216 TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY	CH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURS 19 211. LOCATION	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO NO NO IN ITEM 18 PART 1 OR PART 2)
MEDICAL CERTIFICATION	COUSE (O), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT OF COUSE OF	IC)	DAY YEAR 19 21f. LOCATION STREET DEGREE ATTENDING	200 AUTOPSY? YES NO PRED (ENTER NATURE OF INJURY CITY OR TOWN to 2 - 4 deoth occurred on the dota MEDICAL STAFF	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO
CERT	COUSE 101. stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT OF COUSE 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA LIFETHER NOTIFY MEDICAL EXAMINER 114 UNDRX NOT WHILE ALWORK NOT WHILE ALWORK NOT WHILE ALWORK NOT WHILE SOW the deceased olive on obove, (1) (we) (did) (did not 127b. SIGNATURE 224 PHYSICIAN'S NAME TIPE OF COUSE 1951	In the open contribution of the latest the l	DAY YEAR 19 216. HOW INJURY OCCURE 19 216. LOCATION STREET DEGREE ATTENDING PHYSICIAN [226 ADDRESS]	ZED (ENTER NATURE OF INJURY CITY OR TOWN 10	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO COUNTY SINGLE AND COUNTY SINCLE AN



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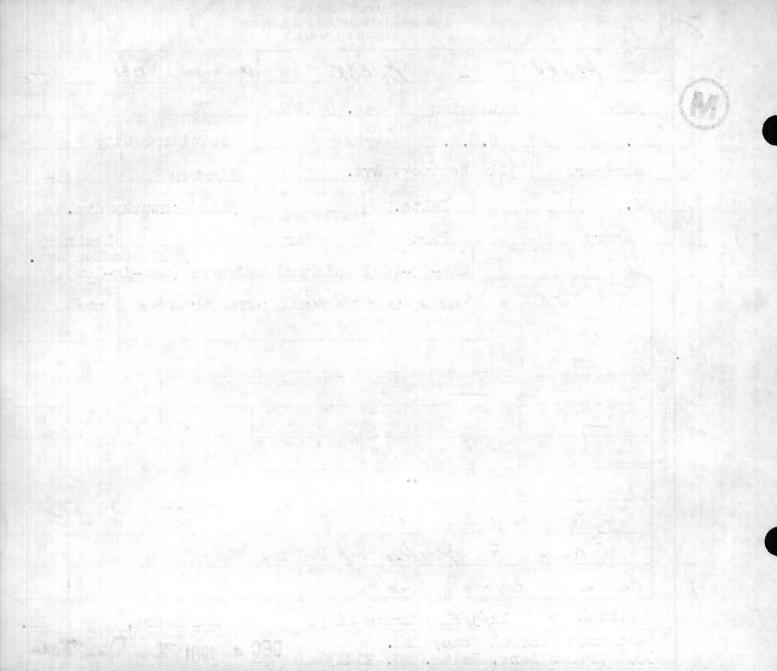
- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



1101 E. North Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2a DATE OF DEATH MONTH

2h HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO []

STATE

COUNTY

220 DATE SIGNED

Burgess

1981

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

- STATE

TYPE OR PRINTI

REGISTRAR DECEASED NAME

24 FUNERAL DIRECTOR

Wm. C. March F/H

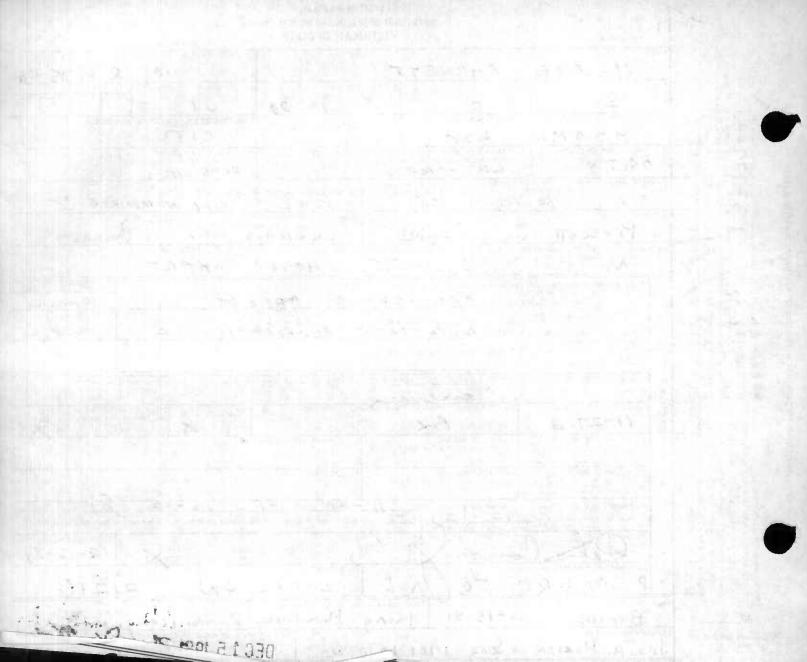
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(VRA 15, 4)

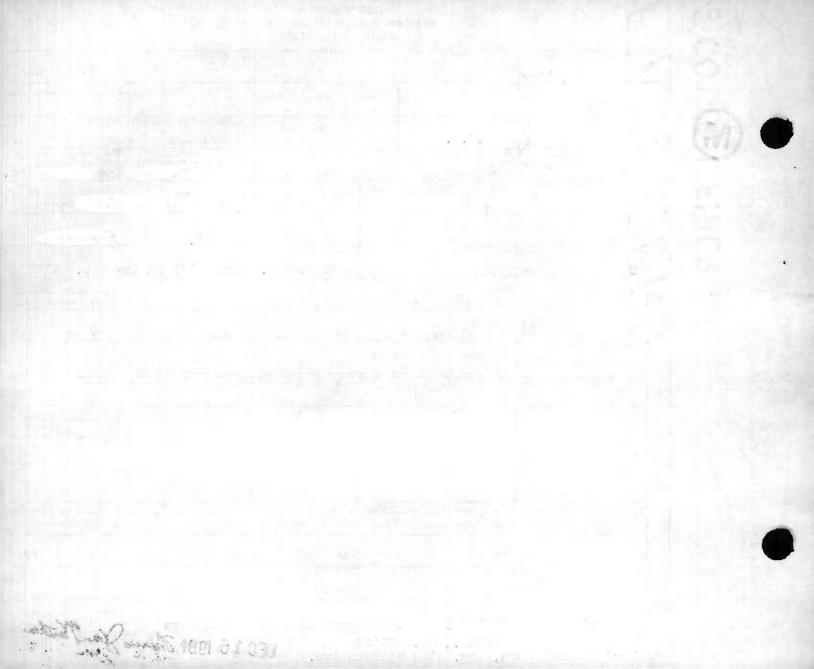
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THE AND STREET AND SECTION AND ADDRESS OF THE PROPERTY OF THE

8	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1253
m 5	I. DE	CEASED NAME FIRST	WIDGIE	LAST	20. DATE OF DEATH MONTH	CIAY YEAR 2b. HOUR
nay be page 3		ADELAIDE	BURNETT		10	12 81 05 40 BM
ge 4 ma tor, po	3. SE	× • •	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) VRS	IF UNDER 1 YEAR IF UNDER 24 HRS
ee	A B	IRTHPLACE (STATE OR FOREIGN TO COUNTRY 5 A Md.	6 5 A	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	
S offer d		BALT &	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
MARYLAND 2120 ed within 24 hours mpletely filled in k and 2 should be fill		MD BAL	OTHER INSTITUTION, GIVE RESIDENCE BEFORE A TY 13c. CITY OR TOWN	GMISSION)	13e STREET ADDRESS	NROE ST
E, MARYL, uted within completely 1 and 2 st	14. F	PERST MAKE	Coares	15. MOTHER'S MAIDEN NA.	ME	themas
BALTIMORE,		VAS DECEASED EVER IN U.S. ARM YES, NO GRUNKNOWN) (IF YES, GIVE	MED FORCES? 16h. SOCIAL SECUR 21932-15		ADDRESS	
201 W. PRESTON ST., BAI thorhe death certificate by the ottending physic please temove corban poper play, cremetion, any emoyal you, competing the strought		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN (b) METAST DUE TO, OR AS A CONSEQUEN (c)	PULM ARR CEOF ATIC ANAPLA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 m male
RECORDS,	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH O	1 in	200 AUTOPSY? 200 IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
JAN: JAN: Phys phys of I-tropy of		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED TENTER NATURE OF INJURY IN ITEM 18, P	
DIVISION C DING PHYSIC or offending After this cer e as the burie offen on Ment morked or fer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218, PLACE OF INJURY (AT HOME: STREET, FACTORY, OFFICE, FAR	M. ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI aspitol or ECTOR: A of for use t, of Heol		22a.1 certify that (I) (this haspital saw the deceased alive on abave, (I) (we) (did) (did not)	12-12 108		to 12 12, deoth accurred on the dote and hau	
0 9 0 0 4		22d. PHYSICIAN'S NAME ITYPEOR	and a	DEGREE ATTENDING PHYSICIAN 1226. ADDRESS	MEDICAL STAFF	221. DATE SIGNED /2-12-8/
TO HOSPITAL TO FUNERAL should be dete with the Store		P. CONDR	O JR (/M	D LUTHE	11 / 1	21216
1604BP		BUTIAL SPECIAL	236. DATE 236. NA	ME OF CEMETERY OF CREMATORY	Pandulls tou	COUNTY STATE
DHMH-16 30M 2/B0 (VRA 15, 4)	J 6	NAME AS . MORTON	+ Sons 1701	LAURENS DI	EREC'D. BY REGISTRAN 251 EGIST	RAIS VMATE



11/	of a	1.	FOR			DEPART		OF MARYLAND	HYGIENE 8		3 2	6 4
4		1	STATE REGISTRAR				CERTIF	CATE OF DEATH		REG. NO.		
21			CEASED NAME	FIRST	MIDDI	LE	l.	AST	20 DATE O		DAY YEAR	26 HOUR
	may be , page 3 ler death	(1117)	r PRINT)	ANIEL	PA	AUL	BU	JRNS		12	13 81	1:30 Pm
	moy po fer d	3 SE	(4 RA	CE		5. DATE C			EARS LAST BIRTHDAY)	IF UNDER I YEAR	F UNDER 24 HRS
	90		Ma1e		White	9	6	20 21		60 _y	res Months Dats	HOURS MIN
	a de la companya de l		RTHPLACE (STATE OR FO	REIGN 76 CT		AT COUNTRY?	8 MARRIEI	NEVER MARRIED	9. BALTIMO	RE CITY OR COL	UNTY OF DEATH	
	The leading of the le		Mary land	11/20	U.S.A		WIDOWE	DIVORCED	1 Bal	timore,	city	MD.
	offer o	10 CI	TY OR TOWN OF DEA			PITAL, NURSIN		R OTHER INSTITUTION		OCCUPATION K FOR MOST OF WORK	126 KIND (Locke
201	the the		ltimore	1 50	oth Bul	finore	Gener	e Hospital		inest	Insula	tors Inc.
213	hou hou	USU/ 13a. S	AL RESIDENCE (IF NURSI	NG HOME OR OTHER	INSTITUTION, GIVE	RESIDENCE BEFORE	E ADMISSION)	13d INSIDE CITY LIMIT	IS? 13e STREET	ADDRESS		
MARYLAND	hould hould		laryland	Baltim	ore 1	ansdow	ne	YES L NO	2727	Daisy A	ve <u>nue 2</u>	1227
RYL	withi d 2 sl	14. FA	THER'S NAME FIRST	MIDDLE		LAST		15 MOTHER'S MAIDE	NAME	WIDDLE	TA.	AST
	w pald w S)	Daniel			Burn		Sadie		F.	Fra	ncis
BALTIMERE	e execu	16a V	VAS DECEASED EVER I	N U.S. ARMED F (IF YES, GIVE WAR O	R DATES)	SOCIAL SECU		17 INFORMANT		ADDRESS		
TIM			YES	Unavail	able 2	220-07-	4541	Kathleen	C. Burns	323 Bi	gley Ave.	
BAL	cote b opers.		18 CAUSE OF DEATH PART I, DEATH W	(Enter only one	couse per line	far (a), (b), on	d (c	3 - 1		-72-113		XIMATE INTERVAL
ST.,	certificate ng physici bonpape removol.			IMMEDIATE CAL	JSE (a) Re	spiretor	y t	a.lure			9 /	mos
PRESTON	death c attendir ave cork fion, ar		1771	0		A CONSEQUE		10	_		0	
RES			Canditions, if any, gove rise to imm		(b) /h	chastal		Hdenosquan	nous Ca		7	mos
× .	by the serem		cause (a), stating underlying cause	the last	UE TO, OR AS	A CONSEQUE	ENCE OF					
201	ed by pleose rriol, cr		BART 2 OTHER CICA	UEICANII COND	Ic)	DIBLITING TO 1	DEATH BUT	NOT RELATED TO THE	TERMINIAN DISEAS	F OD CONDITION	L COVERA DA DA DA DA DA	
	equire n sign Then r to bu	Z	PART 2 OTHER SIGN	IFICANT COND	1110143 CO141	KIBOTING TO I	DEATH BUT	NOT RECATED TO THE	TERMINAL DISEAS	E OR CONDITION	OVEN IN PART II	.01
DIVISION OF VITAL RECORDS,	been mit. I prior	CERTIFICATION	190. DATE OF OPERAT	ION I	96 CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	PSY? 20b.	IF YES, WERE FINDE	NGS USED
L RE	The lo	TER							YES D	NOU INC	YES TX	S OF DEATH?
VIT A	N: The lands of th	E E	210. ACCIDENT WAS UND		16. TIME OF IN		VE AD	21c. HOW INJURY OC	CURRED (ENTER N)	TURE OF INJURY IN ITE	M 18, PART I OR PART 2)	
9	ICIA g pl ertif iol-t ntol	¥	OR CONTRIBUTING C.	AUDE OF DEATH	HOUR A.M.	MONTH D	AY YEAR					
NO NO		MEDICAL	21d. INJURY OCCURR		I PLACE OF I	NJURY FACTORY, OFFICE, F	ADM ETC.)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
N N	or attent After this e as the balth and	>	AT WORK AT WOR	ILE C	ATTIOME, STREET,	ACTORT, OFFICE, I	ARM, ETC.)					31612
۵	en or of or or of or		220.1 certify that (1)	(this hospital) of	tended the de	eceosed from_	Der	7 . 19_		ne 13	. 19 81	that (1) (we) lost
	TT spirit		sow the decease above, (1) (we) (d	d alive on 12 id) (did nat) view	the body ofte	er death.	81 . or	d that in (my) (our) op	inion deoth occurre	d on the date and	d haur and from the	causes stated
	OR A DIREC oched Dept.		22b. SIGNATURE					EGREE	10 11501611	CTAFF		SIGNED
	TAL OI y the RAL DI detoch tote De			Con			/	ATTENDI		STAFF PHYSICIAN	12.	-13-87
	SSPI Sd b JNE JNE Bre Si		22d. PHYSICIAN'S NA	ME (TYPE OR PONT)				22e. ADDRESS	- 11	,		
	TO HOSPITAL Cretoined by the TO FUNERAL B should be detoo with the Store E IMPORTANT: If		A. A.	Areno	~				- Hansver			
	ar r s x x	23a. E	SURIAL, CREMATION, F		. DATE		NAME OF C	EMETERY OR CREMAT	ORY 23d. LOC	ATION R TOWN	COUNTY	STATE
	BP	39	Burial		12/16/8	31 L	oudon	Park Cemet		timore	0.	and and
	DHMH - 16 50M 1/76		JNERAL DIRECTOR		Balto	., AdMds.	2122	1	DEC 16	TO BY	GISTR R' THE NA	URL
	(VR A 15 (4))	Hu	ibbard Fune	ral Hom	e, Inc.	4107	Wilker	ns Ave.	DEC TO	.50. 4.		



Dundalk, MD.21222

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

DATE OF BIRTH

BURRELL

CERTIFICATE OF DEATH

REG. N	Ю.					
20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR	
DECEMBER	27.	198	1	4 - 41	Ωa	
6. AGE (IN YEARS LAST BI	RTHDAY)		RIYEAR	IF UNDER 24 I		
77		MONTHS	DAYS	HOURS	M	

Black Female 70 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?

4 RACE

MIDDLE

FIRST

ADDIE

MARRIED NEVER MARRIED WIDOWED DIVORCED

Baltimore City

12a. USUAL OCCUPATION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE

9. BALTIMORE CITY OR COUNTY OF DEATH

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Church Home Hospital Baltimore ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

USA

13h COUNTY Baltimore

13d. INSIDE CITY LIMITS? YES X NO 15. MOTHER'S MAIDEN NAME FIRST

04

2046 Robb St. MIDGLE

MD 14 FATHER'S NAME

130 STATE

IFICATION

MEDICAL

-E

00

IMPORT,

FOR

REGISTRAR L DECEASED NAME

VA

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

O CITY OR TOWN OF DEATH

- STATE

TYPE OR PRINTI

3 SEX

LAST

166 SOCIAL SECURITY NO 17 INFORMANT

(YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 215-01-5997 Helen Fleming 2046 Robb St. No

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CARDTO PILLMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which RECTAL BLEEDING BRAIN THMOR gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? NO 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

LAST

HOUR A.M. MONTH DAY YEAR LIFEITHER NOTIFY MEDICAL EXAMINERS 19 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC)

220.1 certify that (I (this haspital) attended the deceased fram DECEMBER 26

21f. LOCATION

19.8

CITY OR TOWN

COUNTY STATE

DECEMBER 27 19 81 (d) (did nat) view the body after death 22b. SIGNATUR

23b. DATE

DEGREE ATTENDING

MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN

and that in (my Your opinian death accurred an the date and hour and fram the causes stated

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

MUKESH LUHAR MD.

NOT WHILE

19n DATE OF OPERATION

23c. NAME OF CEMETERY OR CREMATORY

King Memorial Pk.

23d LOCATION

Co.

STATE MD

Burial 24 FUNERAL DIRECTOR

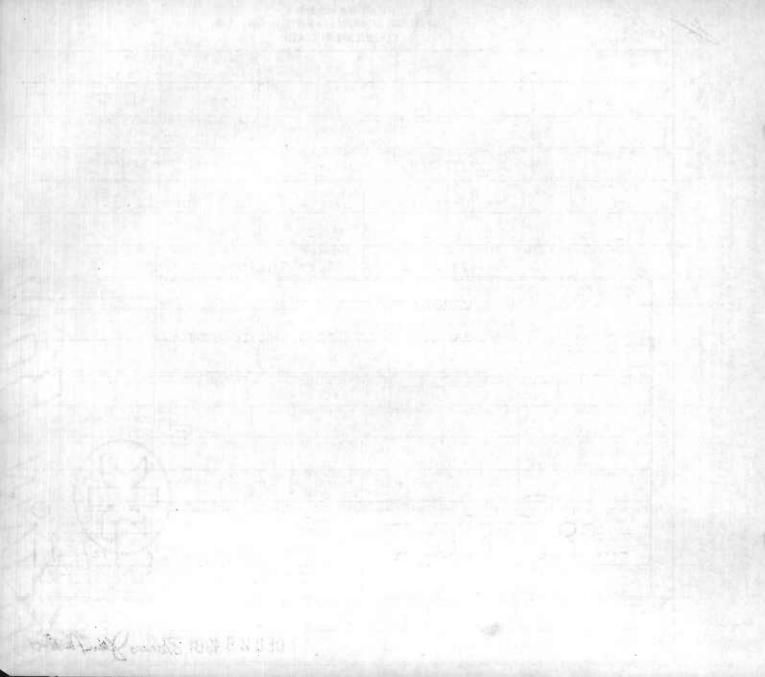
C. March F/H 1101 E. North Ave.

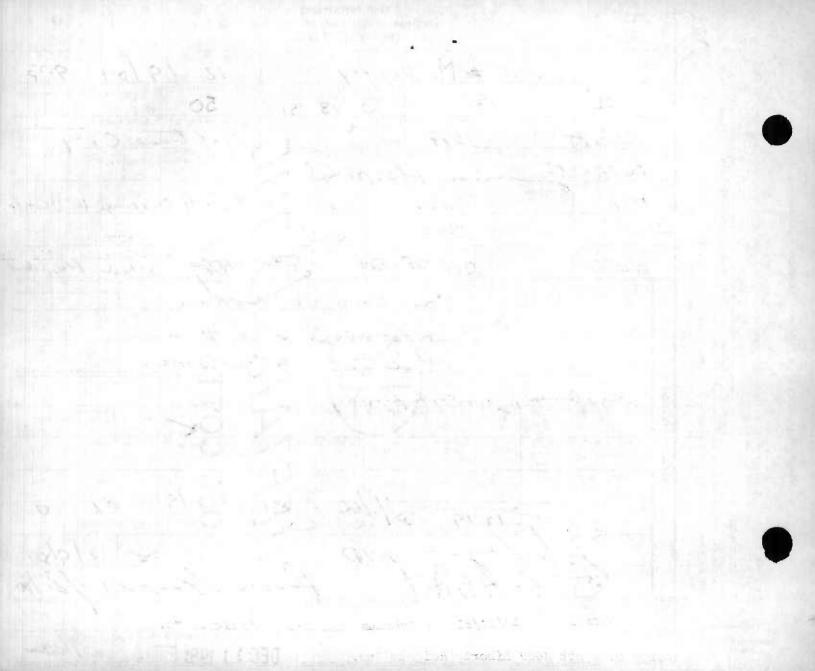
12/31/81

Baltimore

DHMH - 16 50M 1/81

(VRA 15, 4)





FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN 2h HOUR (TYPE OR PRINT) OF ESTI-Reginald DEATH MATED XX Burrel 198 SEX 4. RACE 5. DATE OF BIRTH A AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 20. DATE 4:20 47 77 34 28 PRONOUNCED Black Male DEAD 1981 7b. CITIZEN OF WHAT COUNTRY? A BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED Balto., Md. USA Baltimore City WIDOWED DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION STYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 1720 Ashburton Street Baltimore USUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 13h COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Raltimore Ashburton St 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Lerou Burrell. Naomi 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 166. SOCIAL SECURITY NO. IYES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! 3819 Fern Hill Ave. ues 219 28 0335 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Spontaneous Intracranial Hemorriage USED AS A BURIAL - TRAINST PER OF HEALTH AND MENTAL HYGER IRIAL, CREMATION, OR REMOVAL IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITION'S CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION GRE, INC.

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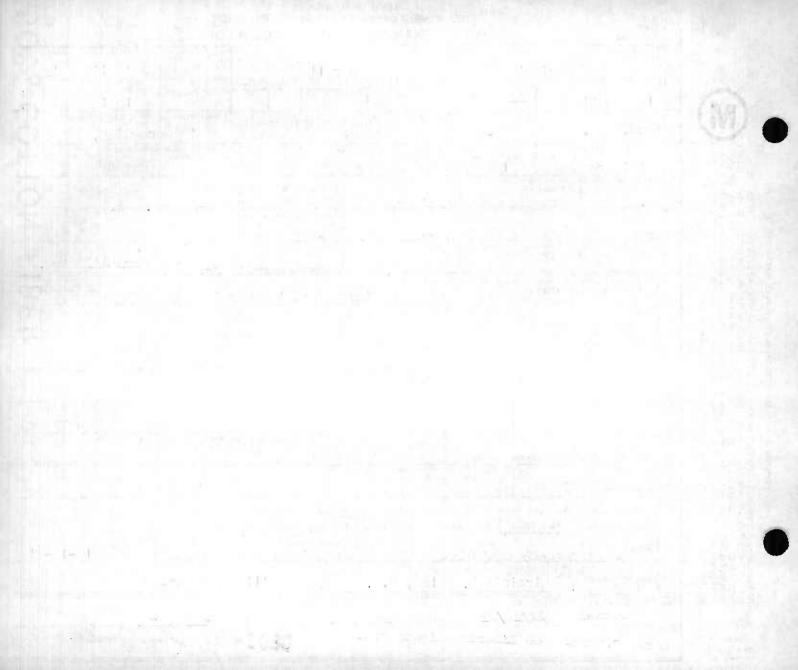
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OR: PAGE 3 SHOULD BE USED A

THE STATE DEPARTMENT OF HEA

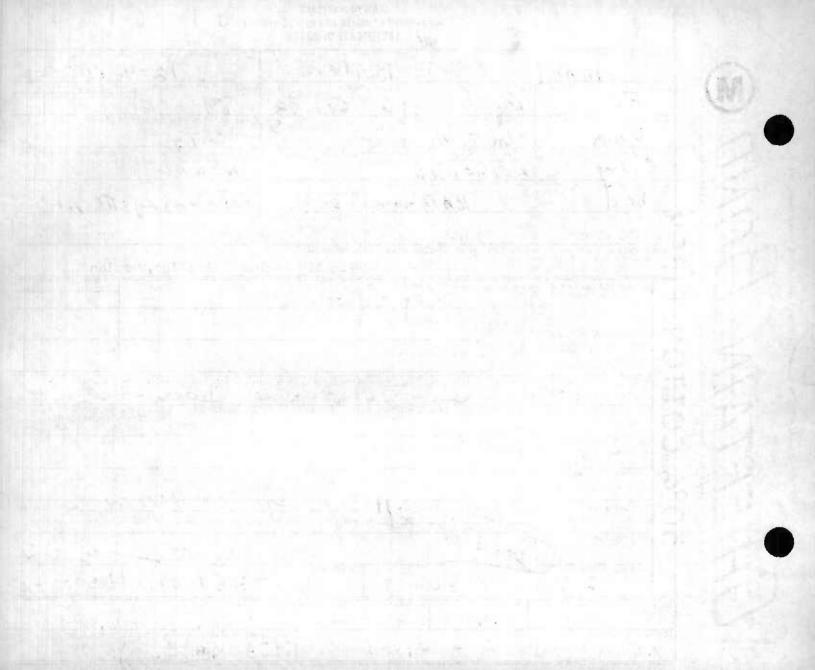
THE STATE DEPARTMENT OF HEA 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX NO . 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME If LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA ATTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 22a I certify that I taok charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion death resulted from Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 12-12-81 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME III Penn Street Virginia L. Dolan, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 12/16/81 Bush Park Cem. Cooksville Md 24 FUNERAL DIRECTOR THE REGISTRAR'S SIGNATURE Leroy O.Dyett 4600 Liberty Heights Ave. **DHMH-17** (VR A15 ME (5))

15M 2/80



(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Martinsburg, W. V.

- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 1/HI (VRA 15, 4)

STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- '	REGISTRAR	CERTIF	FICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	mande	OLEATO (REW	12 -	20-81 8 20
	1. SEX		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
	Land	1. 1h 1 a MONT	TH DAY YEAR 1885	01	MONTHS DATS HOURS MIN
. 0	BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	8 1000	9 BALTIMORE CITY OR COUNT	Y OF DEATH
20	QUEEN ANNE CO.	MARRIE	ED NEVER MARRIED	BALTIMORE CITY OK COOK	OFDEATH
Section 1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME		BALTO City	/
20	2 1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (UESLEV HOME	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS (
#VV	salto, mo			Housewife	100
000	TOUAL TES IDENCE (IF NURSING HOM	E OR OTHER INSTITUTION GIVE RESULENCE REFORE ADMISSION) DUNTY 136 CITY OR TOWN		13. STREET ADDRESS	
50	Maryland	Baltimere	YES NO	2211 W. Rogers	Avenue
14	4 FATHER'S NAME	MIDDLE A LAST.	15. MOTHER'S MAIDEN NA	-	
202	John	Pertins	SARAH	MIDDLE	HOFFERKE.
8 / 16	60 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	HOFFERKE
90/	(YES NO OR UNKNOWN) IF YES	GIVE WAR OR DATES! 218-01-80981	Wesley Home,	Inc. Sa	me
1			noozo, nome,	21101	
Tue I	PART I. DEATH WAS CAL	unly one cause per line for (a), (b), and (c)	HMMT T	111111	APPROXIMATE INTERVAL SETWEEN ONSET AND DEA
	IMMED	DIATE CAUSE (0) CONGESTIVE	MORICO F	AILURE	MONTHS
uou u	14254	DUE TO, OR AS A CONSEQUENCE OF	2 4 20 . 441 0 .	/	11110
0	Canditions, it only, which	(16) SEVENE	-HCV/OMYOPA	047	YEAR
1	gave rise to immediate cause (a), stoting the	DUE TO, OR AS A CONSEQUENCE OF		-	200
0	underlying cause last.	(AORTC 1)	INCUE DISE	MSE	YORK
	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION G	VEN IN PART 11a
of S	10 N				
10	90 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
2				1 - 1 -	FYING CAUSES OF DEATH?
500	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	
1000	OR CONTRIBUTING CAUSE OF			CONTRIBUTION CO. MODERNI NA MENTO	7.00 1 00 7.00 1 2)
67 1	(IF EITHER NOTIFY MEDICAL EXAM)	21e PLACE OF INJURY	21f LOCATION		
	NOT WHITE	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
and or liver	AT SAFER				
man or her					
is marked or lien	22a.1 certify that (1) (this ha	espital) attended the deceased from	3 1 1979		
n z i is morned or llen	22a.1 certify that (1) (this ha		nd that in (my (our) opinion o	eath occurred on the date and ha	
mem 2.1 is morked or flow	22a.1 certify that (1) (this ha	non view the body after death.	nd that in (m) (our) opinion of DEGREE	, 10	
an dem 2115 monded or New	22a.1 certify that (1) (this has saw the deceased aline abave (1) (we) (did) (did)	non view the body after death.	DEGREE ATTENDING \	leath occurred on the date and ha	ur and from the causes stated
Ares if them 2.1 is morned or them	27a. I certify that (1) this has saw the deceased almost (1) (we) (did (1) did (27b. SGNA) URI	non view the body after death. 19 80., or	DEGREE	eath occurred on the dote and ha	
orcert Anst. If them 21 is morked or them	270.1 certify that this has saw the deceased almost above (11) (we) (did ridd 22b. S/GNA) URY	non view the body after death. 19 80., or	DEGREE ATTENDING PHYSICIAN	leath occurred on the date and ha	ur and from the causes stated
MPORTANS: If them 23 is morke	270.1 certify that this has saw the deceased almost above (1) (we) (did did 27b. S/GNA) UR 22d. PHYSICIAN'S NAME (TY)	PE OR PRINT) AL 23b DATE 23c NAME OF C	ATTENDING PHYSICIAN 220 ADDRESS 220 ADDRESS CEMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICIAN 334 LOCATION	27c DATE SIGNED 27c DATE SIGNED 271 2 3 6
MPORTANS: If them 23 is morke	270.1 certify that (1) this has sow the deceased almost above (11) (we) (did ridd 27b. SGNA) UR 22d. PHYSICIAN'S NAME (TYLL 22d. PHYSICIAN'S NAME (TYLL 23d. BURIAL, CREMATION, REMOVICE (SPECIFY)	PE OR PRINT) AL 23b DATE 23c NAME OF C	ATTENDING PHYSICIAN 220 ADDRESS 220 ADDRESS CEMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICIAN 234 LOCATION CITY OF TOWN	274 DATE SIGNED 274 DATE SIGNED 27/2/8 2/2/6 COUNTY STATE
SANDOR SILE MAN TO SANDOR SILE	270.1 certify that this has saw the deceased almost above (1) (we) (did did 27b. S/GNA) UR 22d. PHYSICIAN'S NAME (TY)	PE OR PRINT) AL 23b DATE 23c NAME OF C 22 Dec 1981 Loudon	ATTENDING PHYSICIAN 22e ADDRESS EMETERY OR CREMATORY Park Cemetery 256. DATE	MEDICAL STAFF DIRECTOR PHYSICIAN 234 LOCATION CITY OF TOWN Baltimore Ma	27 DATE SIGNED 27 DATE SIGNED 2/2/3 G
1	NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	SINEET		COUNTY

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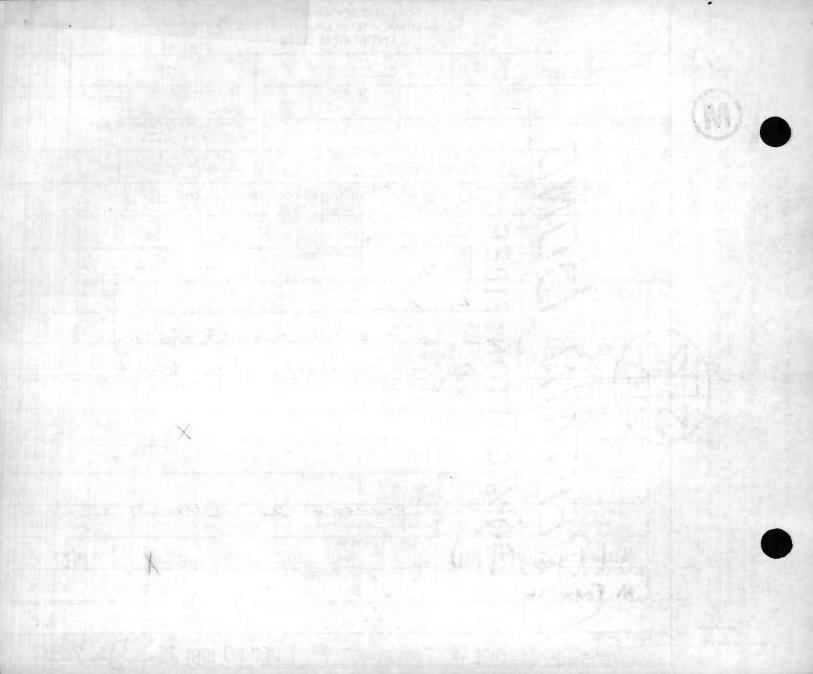
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BP______ DHMH-16 30M 2/80 (VRA 15, 4)

	Ĺ	FOR STATE REGISTRAR			DEPA	RTMENT	OF HEA	ATE OF D	MENTAL HYG	IENE B	REG. NO.	3	1	da.	13
'		CEASED NAME STAFFO	RD	^	NIDDLE	CA	HILI			20. DATE OF D	EATH M	2	7	81	26. HOUR 1:15 P
1	3. SE	X IALE		LACK			ATE OF I	BIRTH DAY	ŹÎ	6 AGE (IN YEA	RS LAST BIRTH	DAY) YRS	MONIHS	DAYS DAYS	IF LINDER 24 HRS
33		RTHPLACE ISTATE OR FORE COUNTRY) VA .		U.S.A.	WHAT COUNT	MA	RRIED	NEVER M	ARRIED	9 BALTIMORI BALTIM			Y OF DE	ATH	MD.
23	BA	ITY OR TOWN OF DEATH ALTIMORE	V	AMC, L	OSPITAL, NUI FACILITY, GIVE ST OCH RA	VEN,	BALT			12a USUAL OC (TYPE OF WORK F CHAUF	OR MOST OF			, KIND OI DUSTRY	F BUSINESS OR
35	13a. S	AL RESIDENCE (IF NUBSING STATE RYLAND	HO OR OTH	140.	BALTIM	OWN	113	d. INSIDE CI	TY LIMITS?	130. STREET AD 2531 S		RE A	VE.	21:	219
30	14. FA	THER'S NAME FIRST UNKONWN	MIDD	il E	UNKN	OWN	15		MAIDEN NAM		MIDDLE			CAH	ILL
2	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS YES WWII 213 14 8130 FRANCES CAHILL 249 N. AISQUIT 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)											UITI	H ST	•	
	IJON	Conditions, if any, we gove rise to immed couse (a), stating	MEDIATE C	OUE TO, OR DUE TO, OR (b) DUE TO, OR	Aho) As a conse As a conse Chrov	QUENCE CO	ob ob	stru	Cane	elun	avi i		SE VEN IN	PART 1(a	
2	CERTIFICATION	190. DATE OF OPERATIO			TION FOR WH	IICH OPER				1.00	101	IN CERTI	ES [CAUSES	GS USED OF DEATH?
9	MEDICAL CE	2 (a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU!	SE OF DEATH EXAMINER)	P.A	A. MONTH		19			ED (ENTER NATUI	RE OF INJURY	IN ITEM 18	PART I OR	PART 2)	
	MED	21d INJURY OCCURRED WHITE NOT WHITE AT WORK 220. I certify that (I) (th sow the deceased to above, (I) (we) (did) 22b. SIGN AT URE 22d. PHYSICIAN'S NAME	is hospital).	ottended the SECM aw the body of M	et, FACTORY, OFF		ond t	hat in (my) (GREE A P Re. ADDRESS	, 19 3 1 our) opinion d	MEDICAL DIRECTOR	STAFF PHYSICIA	ond ho	719 8 ur and f	DATES	SIGNED
+		BURIAL BURIAL		3b. DATE 12/15/		MD. V	OF CEM	ETERY OR C		23d. LOCATI			COUN		MD ^{STATE}
	24. Ft	UNERAL DIRECTOR NAME W.C. N	MARCH		01 E.	NORTH	l AV	E.	DEI	REC'D. BY REC	81 2	ib. REGIS	TRAP'S	. 0	arthen



completely filled in by the funeral directors of and 2 should be filed within 72 hours of

medicol exam

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.				
	CEASED NAME FIRST	MIDOLE	L.	AST	20 DATE OF DEATH MO	NTH GAY	YEAR	26. HOUR	
(TIPE	Margaret	L.	CAI	N	Dec	15,	81		M
3. SE	(4. RACE	5. DATE C		6. AGE IN YEARS LAST BIRTHOA	MONTHS	ER I YEAR	IF UNDER 24 H	-
	Female	White	May	19, 1914	67	YRS.			
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR	OUNTY OF D	EATH		
	Maryland	U. S. A.	WIDOWE		Baltimore				MD.
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL			120 USUAL OCCUPATION	ORKING LIFE) IN	DUSTRY	DUSINESS DUSINESS	QR .
	Baltimore			Ave.	Cafeteria	Naitre	SS	CHEMIL	ua.
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUT		or town Ltimore	134 INSIDE CITY LIMITS?	3930 Penn:	ington	ı Av	е.	
14. FA	THER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN NA	WE		LAS	ST	
	Louis		eyer	Hattie				dke	
	VAS DECEASED EVER IN U.S. AR	E WAR OR GATES)	IAL SECURITY NO.	17. INFORMANT		Severn			
	No	217	-18 - 5164	George H.	Meyer 8189	New C		MATE INTERVAL	
N	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CE	ENERGE OF	CLECTOTIC NOT RELATED TO THE TERM					== 25
ATIC	190. DATE OF OPERATION		R WHICH OPERATIO	N WAS PERFORMED		Ob. IF YES, WER			
TFIC	-				YES NO	YES	CAUSES	NO [
MEDICAL CERTIFICATION	710, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 710, IN JURY OCCURRED WHILE NOT WHILE AT WORK	ATH HOUR A.M. MO	NTH DAY YEAR 19	216 HOW INJURY OCCURI 211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN		DUNTY	STATE	
	220.1 certify that (1) (this hosp sow the deceased alive or above, (1) (we) filed did no	DEC 18	A9 81 0	nd that in (my) (our) opinion	deoth occurred on the dote	ond hour ond		that (I). (we)	
	22b. SIGNSTORE	EHO	1 1		MEDICAL STAFF DIRECTOR PHYSICIA			Dic &	3/
	224 PHYSICIAN'S PLAME (TYPE	SAPRINT) E F, S	her	4700 Pa	nuing to	n A	u -		
23a. I	BURIAL, CREMATION, REMOVA	23b. DATE	23c. NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION	COUN	TY	STATE	

DHMH - 16 25M (VR A 15 (4)) 9/74

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and a should be detached for use as the buriol-transit permit. Then please remove carbonappers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal. MPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the

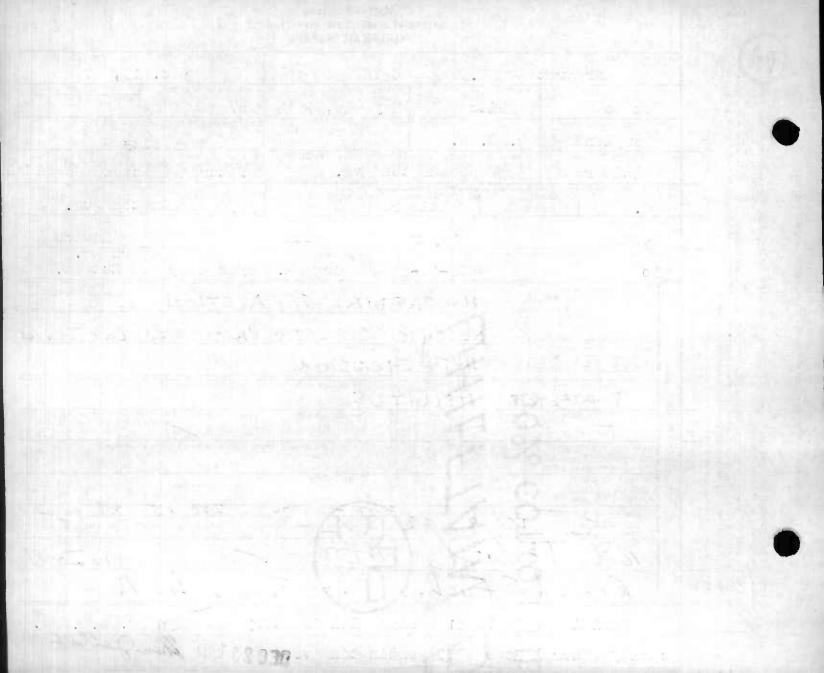
etoined by the hospital or offending physicion

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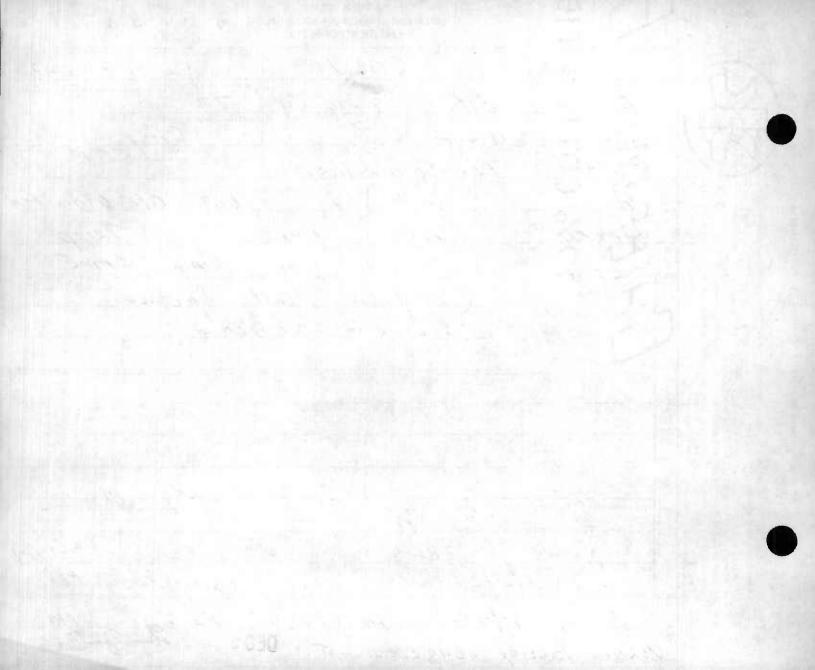
Burial

Cedar Hill Cemetery McCully Funeral Home 4200 Pennington Ave DEC 23 198

Brooklyn A.A. Md.



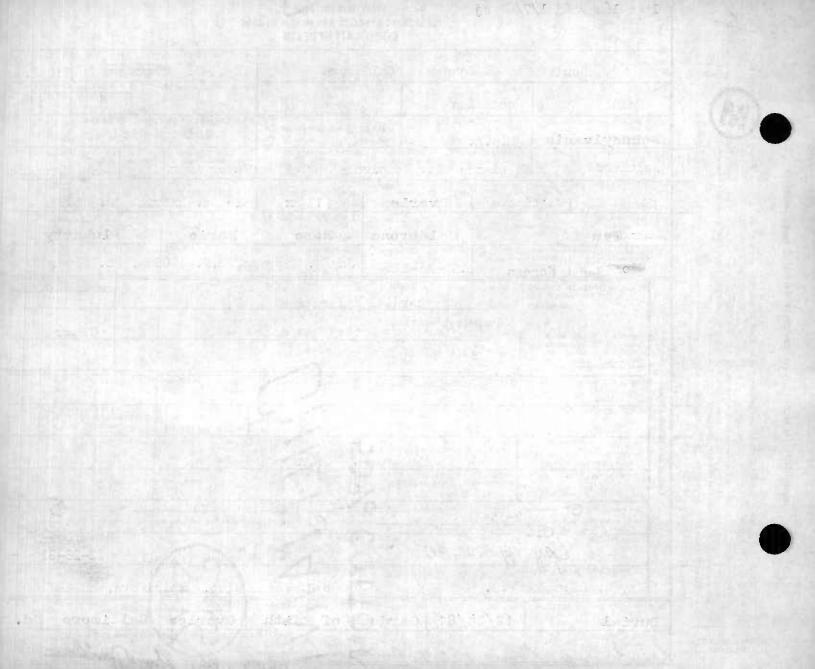
Λ.				STATE OF MAKTLAND		
15	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	•	3 1 2 / 5
	1 DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	H DAY YEAR 7h HOLIR
m £		F OR PRINT)	. /	00111	ZE DATE OF DEATH MONTH	10 110011
		Mar	y	Cain	12	01 81 5.40 PM
	3 SE	x	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	
10		^	014	MONTH DAY YEAR		MONTHS BAYS HOURS MIN.
		1	\$11	8-16-04	1 //	YRS
309			L CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR CO	UNITY OF DEATH
200		COUNTRY	11.5 n	MARRIED NEVER MARRIED	0:	/-
1	200	Ma	4.0.A	WIDOWED DIVORCED		MD.
211	Da C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR KING LIFE) INDUSTRY
27		DAHO	Rom Sc.	rover HOSP	THE OF WORK FOR MOST OF WORK	INDUSTRE
8	OSU	AL RESIDENCE (IF NURSING HOME OF C	OTHER INSTITUTION GIVE RESIDENCE BEFORE			
K.L.	30	STATE / 1136 COUNT		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	~ 1 /1/- 1
1		Md	X541	TO YES X NO [6/3	stend Idin Ave
5	IA F	ATHER'S NAME		15 MOTHER'S MAIDEN NA	AME	
5/V		112-011	NDDLE AST	FIRST	MIDDLE	LAST
400		HARRY	620-	5 PIARCY		1RIPP
9/		WAS DECEASED EVEN A U.S. ARM	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	//_
/	150	A THE STATE OF THE	WAR OR DATES!	W/1/1m	() () sik	SAME
2	-			The state of the s	0,01110	
	155	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), on	dic.	, 0 -1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			CAUSE (o)	alstril Isla	A Mark	uno
	100	11100			1 11	
90		2/0/	DUE TO, OR AS A CONSEON	NCE OF 7	Man of a	
8	100	Conditions, if any, which	((b) Chros	ice of - h	lelling	
		gove rise to immediate couse to, stating the	DUE TO OR AS A SOMESON	NCE OF		
010		underlying cause lost	DUE TO, OR AS A CONSEQUE	INCE OF		
0			(c)			
	Z	PART 2 OTHER SIGNIFICANT CO	DNDITIONS CONTRIBUTING TO S	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
TA	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
01	5					CERTIFYING CAUSES OF DEATH?
4	E				YES NO	YES NO
0	Ü	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
7	A	OR CONTRIBUTING CAUSE OF DEATH				
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
	AEC	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F	21f LOCATION	CITY OR TOWN	COUNTY STATE
	2	AT WORK	The state of the s	11/ 0	1 11/	M
		22a.1 certify that (1) (this haspita	I) attanded the decase if t	1/05 10 \$	13/01	100
			of offended the deceased from _	D. 19	, to	, 19 , that (l) (we) lost
7		sow the deceased alive on _ above, (I) (we) (did) (did-pat)		ond that in (my) tour) opinion	death occurred on the date on	nd hour and from the causes stated
		22b. SIGNATURE,	- 1	DEGREE		DI. DAJE SIGNED
=		La line	wien / bee	A ATTENDING	MEDICAL STAFF	12/1/2
-		Much	Je Jun	M. D PHYSICIANY	DIRECTOR PHYSICIAN	(01/17)
1		22d PHYSICIAN'S NAME (TYPE OR	PRINTIL / - //	22e ADDRESS		1/1/1/1
1		KILAN	61-1/EN HU	ANTI BONI	Eleours o	1 Sprintal
1	-	1017		11 /24/		
	23a I	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR JOWN	COUNTY
	-	Burins	17/7/81	Debutus 6	en Ball	M
21	24 F	UNERAL DIRECTOR		25a DA	TE REC'D BY REGISTRAR 256 P	GISTRAR'S SIGNATURE
/B1	1	I NAME PA	ADDRESS		EC 2 1981 4	lance fan Parther
	6	ERNON BAL	LIEX /3486	PLHOUNST		U



	1.	FOR STATE REGISTRAR	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HYO TTIFICATE OF DEATH	GIENE 8 1	3 2	16
6		CEASED NAME FIRST	MIODLE	LAST	20 DATE OF DEATH		26 HOUR
y be	,	Ruth		Cain	December	17. 1981	10:20pm
e E	3. SE	X		ATE OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 24 HRS
ecf ecf		Female	Black "	ONTH DAY YEAR 1901	80	YRS.	HOURS MIN.
2 hour		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	RRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
deoth Ziner		Md.	3 6 10	OWED DIVORCED	Baltimo	re City	MD.
rs offer of the full of the fu	10 C	Baltimore	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Maryland General	3)	120 USUAL OCCUPATI		OF BUSINESS OR
215 d in	45U.		OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISS		13e STREET ADDRESS	-1	
IAND 24 h in 24 h in 24 h in 24 h		Mal	Ballo,	YES NO	1018 Stod	dardCt	
with with with with with	14. FA	THER'S NAME FIRST I M K	MIOOLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE	LAS	51
0 -			MED FORCES? 166 SOCIAL SECURITY N	O. 17 INFORMANT	ADDRE	SS	
BALTIMORE.	((ES, NO OR UNKNOWN) (IF YES, GIV	214-20-377	O Sister Dora	the Kulone	19 N F.	Nand Diver
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAING PHYSICIAN: The low requires that the death certificate ottending physician. When this certificate has been signed by the attending physics the bund-stronsit permit. Then please remove carbonopopt to and Mental Hygiene prior to burial, cremation, or removal orked or them 18 shows any injury, or other traumatic event, the contractions of the contraction of t		PART I. DEATH WAS CAUSE IMMEDIAL Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE C (b) DUE TO, OR AS A CONSEQUENCE C (c)	DF .		5 H	ours
requires †	NOIL		CONDITIONS <u>CONTRIBUTING TO DEATH</u>		inal disease or con		
TAL RECOI	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY? YES □ NO[X]	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	OF DEATH?
ION OF VITA HYSICIAN: TI nding physici his certificate buriol-transi J Mental Hygi or them 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YE P.M.	19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART OR PART 2)	10 - / 13.
DIVISION DING PHY or otherdia After this e os the bu olth and M morked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
ATTEN Spirol CTOR: for us of He	12	sow the deceased alive on above, (V) (we) (did) (did)	tol) oftended the deceosed from Deci December 17 19 81 K view the body ofter death.	, and that in XXV) (our) opinion	to Decembe death occurred on the do	te and hour and from the	
he Doct		22b. SIGNATURE	Khodes, ms.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		SIGNED
O HOSPITAL etoined by the TO FUNERAL should be det with the Stote with the Stote		Sheila Rhode		. 22e. ADDRESS C/O Maryla	nd General I	dospital	
70) BP 6	23a. B	URIAL, CREMATION, REMOVAL		of CEMETERY OR CREMATORY	23d. LOCATION ALL TOP TOWN	COUNTY	Will.
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FL	INERAL DIRECTOR	ADDREST AL		E REC'D. BY REGISTRAR	756 REGISTRAR'S SIGNAT	URE

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		CAND SECTIONS MADE	

0 1 /	I	tem 16a g563 1/	7/82 gj		OF MARYLAND	o i	2107			
	1-	STATE REGISTRAR	DEPA		EALTH AND MENTAL HYO	REG. NO) 1 <i>a.</i> / /			
		CEASED NAME FIRST	WIOOFE	l	AST	2a. DATE OF DEATH				
be age 3	(IIII)	Louis	John	Cald	erone	12-22-81	1:24P.			
	3. SE	(4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT				
_ (A A)		Male	Caucasian	09	21 34	47	YRS.			
ONY 75	2.51	RTHPLACE STATE ORFOREIGN DUNTRY) ennsylvania	76 CITIZEN OF WHAT COUNT U.S.A.	RY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Baltimo	re City,			
by the fu	В	TY OR TOWN OF DEATH	ii. Name OF HOSPITAL, NUI UF NOT IN SUCH FACILITY, GIVE ST Baltimore City	Hospit	als	12a USUAL OCCUPATION OF WORK FOR MOST OF Supervisor	ON 12b. KIND OF BUSINESS OF FWORKING LIFE) INDUSTRY Waste Trtmen			
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill edwominer must be a		AL RESIDENCE (IF NUR DAE OF COUNTY DATE COUNTY Balt		efore admission) OWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 320 St. Pa	Plant trick Rd.(21206)			
ithin ithin 2 sh	14 FA	THER'S NAME	MIDDLE LAST	1377	15 MOTHER'S MAIDEN NA	MIDDLE	STATE OF THE STATE			
MAR de	1	Sam	Cald	erone	Rose	Fluharty				
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL S	ORDATES)						
BALTIMORE, cote be execut ysician and co apers. Pages I voi. tt, the medical			ean 140-26	-4524	Jay H. Lippr	nan, M.D. 10	05 N. Pt. Blvd.			
W. PRESTON ST., at the death certific y the attending ph se remove carbon p cremation, or remo		PART I. DEATH WAS CAUSE HIMMEDIA' Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.	TE CAUSE (0) MYO C	ouence of onary Ar	Infarction tery Disease		1 Hour Years			
res thr gned to pleo burial, y, ar a		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
The The Injuri	CERTIFICATION	None								
aw re prior	3	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
The I te has te has shows	E E	None	None			YES NO	YES NO			
HYSICIAN: The adming physicion is certificate burial-transit i Mental Hygic or them 18 sho		2) a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)			
DING PHYSICIAN: The law required or otherdring physicion. After this certificate has been sign east the burial-transin permit. Then oth and Mertal Hygiene permit. The marked or Item 18 shows any injur	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE NAT WORK NAT WORK		FICE, FARM, ETC.)	21f LOCATION STREET N/A	CITY OR TOW	N COUNTY STATE			
TTENDIN or TOR: Af for use o of Health		22a. certify that this hasp	9-15-81	9o	ember , 19 80 and that in (my) (our) opinion		the ond hour and from the causes stated			
fal OR A'y the hosp Ral DIREC detached one Dept.	above (Tyme) (did) (red not view the body after death. 276. SIGNATORE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12									
O HOSPITAL TO FUNERAL Hould be de with the Stott		22d. PHYSICIAN'S NAME (TYME		198 3	22e ADDRESS	. 71 1 7	1.1			
Should should be seen in the s		Jay H. Lippman	•				ltimore, MD 21224			
	23a. I	BURIAL, CREMATION, REMOVAL SPECIFY) SURIAL	12/24/81		EMETERY OR CREMATORY as of Faith	23d. LOCATION CITY OR TOWN Overlea	Baltimore Md			
BP	_	UNERAL DIRECTOR	12/27/01	der del			25b. REGISTRAR'S SIGNATURE			
DHMH - 16 50M 7/77 (VR A 15 (4))	1	NAME	IN ADDRESS	, Al	in RI		of O Martin			



and completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cashould be detached for use as the buriol-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical

	FOR	
-	STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	

	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.				
	CEASED NAME	FIRST	٨	MIDDLE	ı	AST	20. DATE OF DEATH		DAY	YEAR	2b. HOUR	
(TTPE	OR PRINT)	Hal	lie	A.	C	allahan		12	.30 :	81	5	9 M
3 SE			4 RACE		5. DATE C		6. AGE (IN YEARS LAST E	RTHDAY)		RIYEAR	IF UNDER 24	
	female		bla	ick	MONTH 9	23 1893	88	YRS	MONTHS S.	DAYS	HOURS	MIN
	RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA BDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DE	ATH		
	Va	19	US	SA	WIDOWE		Baltimor	e ci	ty			MD.
10 CI	TY OR TOWN OF DEA	ATH	Jenk bn	so Menoria	HOHOM	COTHER INSTITUTION	120 USUAL OCCUPA			KIND O	F BUSINESS	5 OR
Ba	ltimore		1000 5.	Caton Av	re. Ba	lt; Md.21229	(TITE OF WORK FOR INCS	OF WORKING	3 (112)	OSIKI		
	AL RESIDENCE (IF NURS	1136 COUN		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRES	1000	S.	Cat	on A	vei
	Md		200	Baltimo		YES X NO	Jenkins	Memo	rial	Но	me	
14 FA	THER'S NAME	^	AIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME			LAS	1	
N	ed			Jones		Jenice						
16a V	VAS DECEASED EVER		WED FORCES?	166 SOCIAL SECU		17. INFORMANT		RESS			Class.	
	No		13 10	N/	A	Beatrice Ha	astings 6	213				
	18 CAUSE OF DEAT	H Enter on	y one couse per	line for (a), (b), and	d (c)	. 0	D	- 0	8	APPROXI	MATE INTERVA	ATH
	PART I. DEATH W		E CAUSE (0)	neum	NOY	ua loce	chere	28		30	- lag	2
	4804		DUE TO, Q	AS A CONSEQUE	ENCE OF		× 1				1	
	Conditions, if ony,		(b) 1	news	MAN	111/152	1202		0	50	cos	2_
	gove rise to imm couse (0), stotin	ng the	DUE TO, OI	R AS A CONSEQUE	ENCE OF							
	underlying couse	lost	((c)									
z	PART OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION	GIVEN IN P	ART 16	D1	
CERTIFICATION	CENC	lia	2 t/	and 12	COSCOLUTION	IN WAS PERFORMED	200 AUTOPSY?	120h 15	YES, WERE	2 EINIDIA	1CC USED	
FICA	190 DATE OF OPERA	HON	198. CONDI	HON FOR WHICH	OPERATIO	IN WAS HERFORMED			RTIFYING C		OF DEATH	?
ERTI	210. ACCIDENT WAS UNI	DEBLAINC C	1 21b, TIME O	E INTURY		21c. HOW INJURY OCCUR	YES NO	11 IDM 12 17 17 14	YES	0 - 07 01	ио 🗌	
	OR CONTRIBUTING	CAUSE OF DEA		M. MONTH DA	AY YEAR	ZICTIOW RAJORT OCCOR	KED (ENIER NATURE OF IN	JORT IN HEM	IB, PARI I OR	PAR1 2)		
WEDICAL	(IF EITHER, NOTIFY MEDIC 21d INJURY OCCURI		21e. PLACE (19	21f LOCATION						
ME	WHILE [NOT W	HILE	(AT HOME, STR	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR T	OWN	cou	NTY	STAT	8
	AT WORK - AT WO	JRK —	5 4 1 1 1	1.6		1069	. 17		10.8	7	1	
	220.1 certify that (1) say the decease		1 3 -	e deceosed from	51 0	nd that in (my) (our) opinion	death accurred on the	dote and	hour and fu		thot-(+) (we	,
	obove/4+(we) (c	did) (did n ot	I view the body	after deoth.		DEGREE					SIGNED	
	1011	111	11 /	2000	n	AL ATTENDING		AFF	/	7-	30.5	-)
	22d, PHYSICIAN'S N	AME (TYPE OF	PRINT	cery	2	22e ADDRESS	DIRECTOR PHYS	ICIAN	/	dian') 0	>/
	LAURENC		GALLA	HAER M.	7	1000	26.)		31 200	1		
220 5					D:	EMETERY OR CREMATORY	23d. LOCATION	. 0	KIKK			
230. E	BURIAL, CREMATION, SPECIFY) Burial	KEMOVAL	1/2/8	00			Arbutus	100	COUNTY		STATE	_
	UNERAL DIRECTOR	7.		VI.	Jutus	Mem Park		-	ISTRAR	NGNAT	MC	1
	ilTiam C.	. Mar	ch F/H	110T E	.Nor		AN 5 1982	700	ness	Blue	Jew	ele
		G. Y. A.	W15 1475			J	AIT O 1001	5 07-0				

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DHMH - 16 50M 1/76 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. m dedaligi

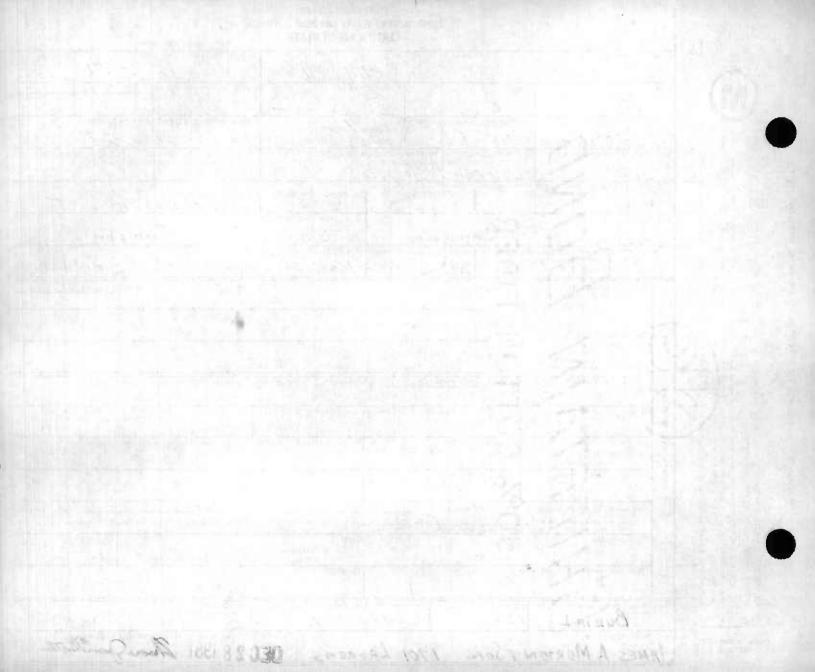
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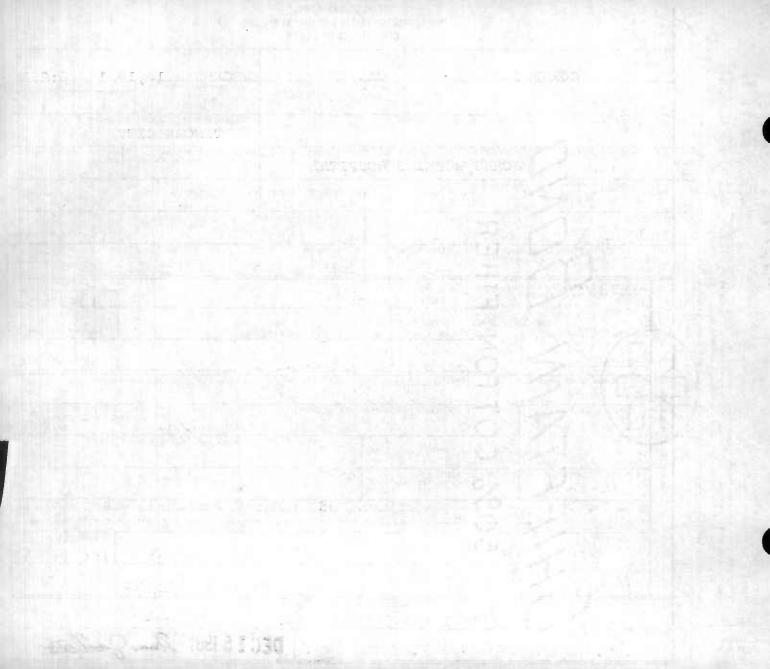
STATE OF MARYLAND



[1	FOR STATE REGISTRAR			DEPARTMENT OF H		D MENTAL HY		REG. NO.		2 3	0
	DECEASED NA/ TYPE OR PRINT)		William	MIDDLE	LAST	Campbell	26. DATE OF DEATH	KNOWN XX ESTI- MATED	MONTH DAY	16, YEAR 81	2b. HOUR
	male	4. RACE black	DAYE OF BIRTH	YEAR 6. AGE (IN YEAR LAST BIRTHDA 84 YR	Y) MONTHS D		PRONOUN DE AD	NCED	MONTH DAT	1981	24 HOUR 1:45P
72	HIRTHPLACE REIGN COUNTRY	")	7b. CITIZEN OF WH		WIDOWED [Ba	orecity or litimore	e City		MD
	Baltimo	re	1 706 G	PITAL, NURSING HOME, ILLITY GIVE STREET ADDRESSS! LENWOOD AVE	nue	STITUTION	POR MOST OF WOR	PATION (TYPE C	DF WORK 12h K	CIND OF BUS OR INDUSTR	Y
	STATE Md.	E (IF IN NURSING HOME)		13c. CITY OR TOWN Balto.	13d. II	NSIDE CITY LIMITS?	3e. STREET ADDRE		Ave.		
14.	FATHER'S NAM	AE .	MIDDLE	LAST	15. M	OTHER'S MAIDEN	NAME	IDDLE		LAST	
	. WAS DECEAS (YES, NO, OR UNKN UNKN.	ED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b SOCIAL SECURITY 239-20-6457		FORMANT		ADDRESS			
200	Conditi gave cause (i lying co	ons, if ony, which rise to immediate a) stoting the <u>under-</u> ause lost.	TE CAUSE (o)	Arteriosc 1 AS A CONSEQUENCE O AS A CONSEQUENCE O JUT NOT RELATED TO THE TERMIN	F			isease			
ISICATI	196. DATE C	FOPERATION	19b. CONDIT	ION FOR WHICH OPERA	ATION WAS PE	RFORMED?			2D	AUTOPSY?	NO XX
MEDICAL CERTIFICATION	21a. EXTERN UNDERLYIN CONTRIBUT	AL CAUSE WAS GOOR ING CAUSE OF	DEATH P.M.	MONTH DAY YEAR		JURY OCCURRED	(ENTER NATURE OF IN.	IURY IN ITEM 18 PAR	RT 1 OR PART 2)		100
MEN	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE [AT WORK	21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCATIO)N	CITY OR TO	WN	COUNTY		STATE
	deoth resu ACTUAL SIGNATURE	Ited from: Naty		cribed abave, held an Accident , Suice	TI	Inspection Homicide TLE (SPECIFY) SSISTANT	Undetermined mo	anner .	DATE 12		1
236	EXAMINER'S	S NAME		Guard, M.D.		ESSIII Pen		Balto.	,MD 2	1201	
	(SPECIFY)	Remoral	1/7/82	The first of Central	CIERT OR CRE	11-1-1	23d. LOCATION CITY OF TOWN	R 25h REGIST	COUNTY RAR'S SIGNA	STA	TE
	Anatomy	Board	ADDRESS	Balto., Md		JAN	1 1 140/	how	Gand	(A) Clare	

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		3	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYL EALTH AND ICATE OF I	MENTAL HYG	IENE B	3	1 2	8 1	
00	m -F			CEASED NAME FIRST		WIDOLE		AST		20. DATE OF DEATH	MONIH DA	LY YEAR	26 HOUR	
	oge Che				VELIUS	J.		NNON		DECEMBER	14 1	981	6:25AM	
maked The	or, p		3. SE		4. RACE		5. DATE C	F BIRTH	1 O	6. AGE (IN YEARS LAST BIR	MC [YAGH]	DNIHS DAYS	IF UNDER 24 HRS HOURS MIN.	
1 4	direct		70	Male RTHPLACE TISTATE OR FOREIGN		ack	1	11	10	71	YRS.	DE DE ATH		
	o 7 Uneral o	35		MD		USA	WIDOWE	D NEVER	VORCED [BALTIMORE CITY BALTIMORE CITY MD.				
102	by the fu	3	I	Baltimore	J'OHN'S	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF						12b. KIND C INDUSTRY	F BUSINESS OR	
CCU/7	24 bou	Jast by	13a S	AL RESIDENCE (IF NURSING HOME) TATE 136 CC		GIVE RESIDENCE BEFORE 136. CITY OR TOW Baltim	N	13d. INSIDE C	NO 🗌	130. STREET ADDRESS 1400 E.	Madi	son S	t.	
MARYL 17	ted within	300	14. FA	THER'S NAME FIRST	WIDOFE	LAST			smaldenna/ first Minta	WIDDIE		LAS	т	
IMORE,	oe execution and company of the comp	medical		VAS DECEASED EVER IN U.S. VES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR OATES)	213-14-		Dolor Dolor		ADDRE nnon Gent		4 Mel	ville Av	
7	rtificate k physicio	emoval.		PART I. DEATH WAS CAL		MATE INTERVAL ONSET AND DEATH								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	ne death ce te offending	nation, or r froumatic		Conditions, if ony, which gave rise to immediate	(b)_	Probable	myo	cardial	infarc	tin		Inde	terminate.	
201 W.	es that the ned by the oleose re	urial, cre		cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICATE	(c)	OR AS A CONSEQUE	Arte		TO THE TERM	INAL DISEASE OR CON	DITION GIVE		leminale	
ORDS,	requir en sig	or to b y injury	NO.								DOM:			
AL RECO	he low ion. hos be	ows on	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a. AUTOPSY?		WERE FINDING CAUSES		
OFVIT	g physic ertificate	Mentol Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY I.M. MONTH DA P.M.	Y YEAR	21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT I OR PART 2)		
IVISION	offendin	olth and Me marked ar I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	N	CITY OR TO	wN	COUNTY	STATE	
	pital or	of He		22a.1 certify that (1) this has saw the deceased alive abave (1) (we) (did) (did)	on December	T14 10	Pece		(our) opinion	to Rembet		ond from the	that (1) we) lost causes stated	
•	ALOR A the hos ALDIREC	ate Dept.		226. SIGNATURE	1 Combott	10		DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF		Dec.	SIGNED 14, 1981	
	etained by TO FUNER	with the State D		22d. PHYSICIAN'S NAME (TO	GIBET T	MD		220 ADDRES	ins H	topkins H	ospira	1		
00		3 ≥		SURIAL, CREMATION, REMOV				EMETERY OR		23d. LOCATION		COUNTY	STATE	
UUa	BP			Burial	12/1	8/81 E	Balti	more	Cem.	Baltim		AND GLOUIS	MD	
D	HMH-16 30M (VRA 15, 4			INERAL DIRECTOR	h F/H	1101 ADDRESS	Nort	h Ave	DE	E REGID BY REGISTRAR	Name A	SIGNA	estlan	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH 26 HOUR TYPE OR PRINTI Dala 1981 Carothers December 1. 3:30P4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAY YEAR Female White 03 24 13 68 YRS BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltimore City Virginia U.S.A. WIDOWED X DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Maryland General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Homemaker USUAL RESIDENCE (IF NURSING) OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore Maryland Kensington NO X 734 Beechfield Avenue, 21229 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Edgar Lambert Sarah Weaver ADDRESS Apt. B 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT 21204 (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 216-72-3568 James C. Carothers, Jr. 7910 Knollwood Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY Adult Respiratory Distress Syndrome IMMEDIATE CAUSE Status Post Left Pneumonectomy Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF ath underlying couse lost. Adenocarcinoma Left Lung plea ö PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 O O CERTIFICAT 190 DATE OF OPERATION Bronch logen ic Carcinoma 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? à 5 IN CERTIFYING CAUSES OF DEATH? 11/27/81 Left Upper Lobe NOW Nental Hygier YES [NO T 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET parked NOT WHILE November December 22a.1 certify that X) (this haspital) attended the deceased from sow the deceased alive an December 19 81 sow the deceased plive on DECEMBER 1
above, XI (we) (did) (dix XX view the body, after death and that in (ny) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED

24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burial

Zayon

22d. PHYSICIAN'S NAME | TYPE OR PRINT)

Ramon Perez-Ostolaza, M.D.

23b. DATE

12-05-81

231 NAME OF CEMETERY OR CREMATORY Loudon Park

22e ADDRESS

ATTENDING

PHYSICIAN [

Maryland General Hospital 23d LOCATION

Baltimore City Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

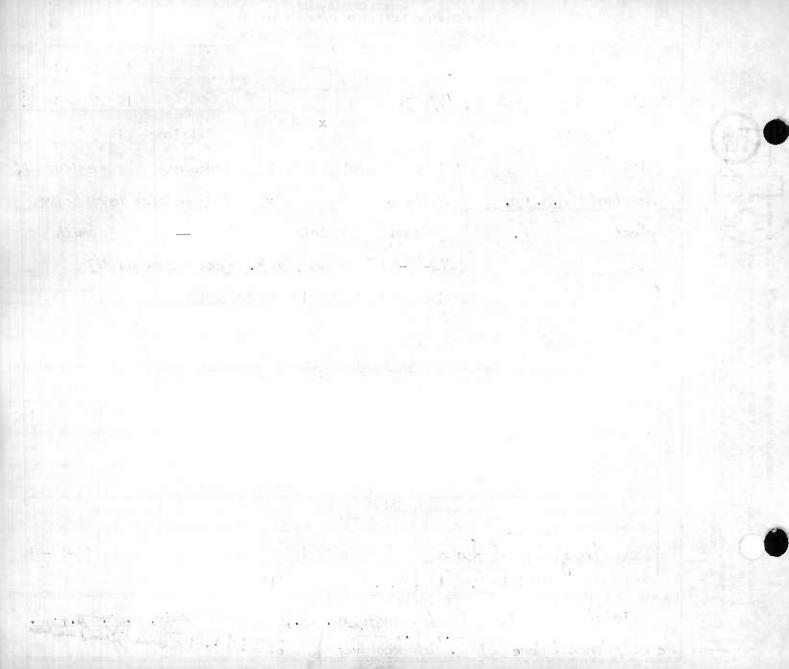
21229 DE Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

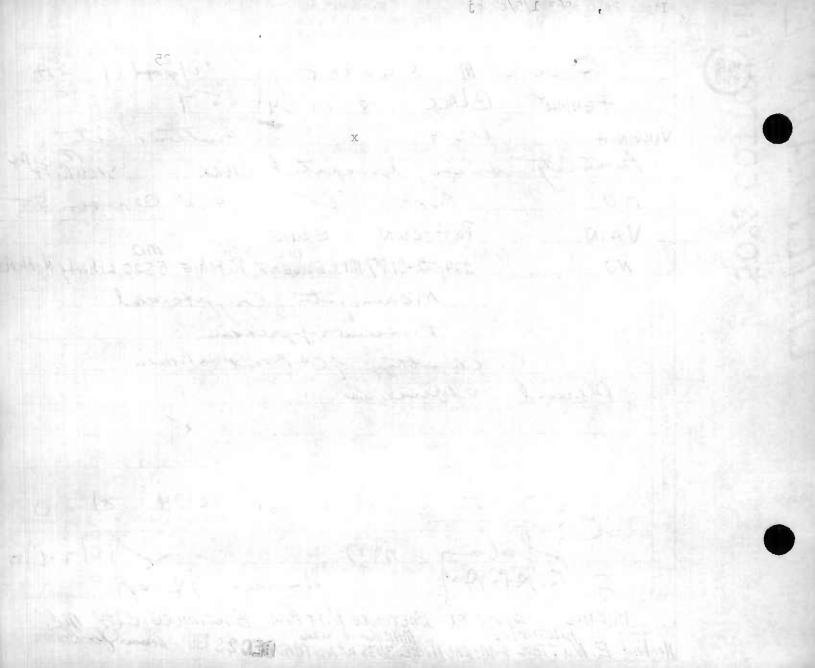
DIRECTOR PHYSICIAN

MEDICAL

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VIII.	Status Post Left Enguences Adenocarcinema Left Luca Hopochiografic Carcinomai Left Lucar Lobe
VIII	Contract Laft Englands to the Late Late Late Late Late Late Late Lat

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME FIRST MIDDLE 20. DATE KNOWN XX 2b HOUR (TYPE OR PRINT) ESTI-DEATH MATED 121981 Judy Carr 4. RACE SEX S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR 42 DATE LAST BIRTHDAY PRONOUNCED 25 Female White 12 1981 DEAD a. M CITIZEN OF WHAT COUNTRY To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED R NEVER MARRIED FOREIGN COUNTRY Baltimore City DIVORCED inginia WIDOWED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Baltimore Secretary apitol South Baltimore General Hospital USUAL RESIDENCE (IF IN HURSING) OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STREET ADDRESS 5105 Patrick Henry Drive Baltimore 13d. INSIDE CITY LIMITS? Manuland NO D 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Robert Smith oleman Lois 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) Same as Randolph ann 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY: Carcinoma of Breast with Metastases IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? ODDAY ONLY BURIAL, ICATE, WRITING THE WORL FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 218 PLACE OF INJURY (AT HOME, 21d, INJURY OCCURRED 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above held on y Autopsy Inspection Inquiry and in my opinion Accident death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) 12-12-81 Assistant SIGNATURE EXAMINER'S NAME III Penn Street Virginia L. Dolan, M.D. (TYPE OR PRINT) 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY Hen Burrie Glen Haven Mem. BP 24. FUNERAL DIRECTOR to., Nd., 21225 E. Patapsco Ave; 250. DATE REC'D. BY REGISTRAR **DHMH-17** ully tuneral Home (VR A15 ME (5) 15M 2/80





TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed

should be detoched for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

TATE OF MARYLAND	
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S DEPARTMENT OF HEALTH AND MENTAL HYGIENE

U	104

REGISTRAR				CERTIFI	CATE OF D	EATH		REG. NO)		
1. DECEASED NAME	FIRST		MIDDLE	Ĺ/	ST		20. DATE OF D		MONTH DA	AY YEAR	26 HOUR
(TYPE OR PRINT)	JAMES		E.	CARTE	R S	r	100		12-2	13-81	5:05 pm
3. SEX		RACE		5. DATE O		W5+0	6. AGE (IN YEA	RS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Male		Blac	ck	12	24	ŤŽ	68		YRS.	ON THIS	HOURS MIN.
JAT BIRTHPLACE (STATE	OR FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8.	NEVER A	APPIED T	9 BALTIMORI	CITY O	R COUNTY (OF DEATH	
Essex Co.	MD	U	.S.A.	WIDOWE		ORCED	THE REST OF	MORE	CITY		MD
IO. CITY OR TOWN OF DEBALTIMORE		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET / ON MEMORI	ADDRESS)		ITUTION	12a. USUAL OC (TYPE OF WORK F				OF BUSINESS OR
USUAL RESIDENCE (IFN 130 STATE MD	13b COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimo	N I	13d. INSIDE CI	TY LIMITS?	13e STREET AD 5220 Y		Road		
Robert	Lé	HDDLE BC	Carter		15. MOTHER'S	MAIDEN N.		MIDDLE		LAS	51
160 WAS DECEASED EV		NED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMA		31.57	ADDRE		11111	-4-30
(YES, NO DE UNKNOWN)	(IF YES, GIVE	WAR OR DATES	217-01-9	114	Jan	nes E.	Carter,	Jr.	1029	Rever	rdy Rd.
18 CAUSE OF DE	ATH (Enter only	one couse ner	line for (o), (b), one	d (e))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	use last.	(c)_	R AS A CONSEQUE	11/	NOT RELATED	TO THE TER	MINAL DISEASE	DR CONI	DITION GIVE	N IN PART 16	0
NO TAN THE OF OPE	NOITA	19b. COND	ITION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOP	SY?			NGS USED S OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTHY M 21d. INJURY OCC	CAUSE OF DEAT	"	DF INJURY M. MONTH DA M.	AY YEAR	21c HOW IN	JURY OCCU	RRED (ENTER NATU			-	
	URRED WHILE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATIC STREET	N		CITY OR TO	WN	COUNTY	STATE
	NAME CHAI	Her how	e deceosed from 19 19 19 19 19 19 19 19 19 19 19 19 19) . on	EGREE A 1 22e. ADDRES	TTENDING PHYSICIAN S	MEDICAL DIRECTOR	STAF PHYSIC	F IAN		
230. BURIAL, CREMATIC		23b. DATE			METERY OR C		23d. LOCAT	ION	Co	COUNTY	STATE

DHMH-16 30M 2/80 (VRA 15, 4)

Burial 12/30/81 Cedar Hill Cem.

Balto.

MD

24. FUNERAL DIRECTOR
NAME
C. Mar 1101 E. North Ave. March F/H, Inc.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DEC 28 1981

1022 17315

TIME THE STATE OF THE STATE OF

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MAI	y be	Spe 3	4

within 24 hours after death. Page

completely filled in by the lune at director is 1 and 2 should be filled attended to the

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

STATE OF MARYLAND

	1 - STATE REGISTRAR		DEPARIN		ICATE OF	DEATH		G. NO.		\$ E 40		
9	I. DECEASED NAME FIRS	T	WIDDLE	· ·	AST		20 DATE OF DEA	TH MONTH	H DAY	YEAR	2b. HOUR	
		OHN	C.		CARUSO			12-	21-81		5:50pm	M
-	3 SEX	4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS L		IF UN	DER 1 YEAR	IF UNDER 24 HRS	
ı	Male	Caucas	sian	nonte 11	18	15	66	,	YRS.	HS DAYS	HOURS MIN	
	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	1		9 BALTIMORE CI			DEATH	1	_
S	Md.	U.S.	Α.	WIDOWE	D NEVER MARRIED DIVORCED		Ba	ltimo	ore		M	D
	14 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOME OR OTHER INSTITUTION			12a USUAL OCCUPATION 12b. KIND OF BUSINESS (-	
\	Baltimore	Churc	h Hospi	h Hospital Corp.			(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY City of Baltimore					
5	USUAL RESIDENCE (IF NURSING HO 130. STATE 136 C	ME OR OTHER INSTITUTION COUNTY	Balto.	ADMISSION) N	13d. INSIDE O	NO [3921 M	ESS P.	leass	ant		
	14. FATHER'S NAME				15. MOTHER	S MAIDEN NAM						_
100	Joseph	WIDDLE	Caruso		1	nna	MIDI	DLE	I	Blum	51	
		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)		RITY NO.	17 INFORM		ADDRESS					_
	yes	II WW	215-18-	7569	Mrs. Anna (Caruso,	392	L Mt.	t. Pleasant		
The state of the s	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse los	(c)									_	
1		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) (R) PNEUMONIA WITH RESPIRATORY FAILURE										
	No DATE OF OPERATION	19a DATE OF OPERATION 19b CONDI			ITION FOR WHICH OPERATION WAS PERFORMED			INC	IF YES, WE ERTIFYING YES	RE FINDING CAUSES	OF DEATH?	
		210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR							OR PART 2)		-	
	OR CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF C	HILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN							COUNTY	STATE	_	
	220.1 certify that (1) this saw the decays gliv above, (1) (re) tiid (d			12-14 31 or		19 8I	, to <u>12-2</u> leath occurred on t	l – he date an	19 d hour and		that (1) we as couses stated	t
	226. SIGNATURE GES	e of	how	e		ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF HYSICIAN [22c. DATE	SIGNED	
	DR. GEORGE					S CHURCH BROADW			PORAT MARYL		21231	
	230 BURIAL, CREMATION, REMO	VAL 236. DATE	23€. №	IAME OF C	EMETERY OR	CREMATORY	23d. LOCATION				44.67	=
	Burial	12/24	1/81 S	t. S	tanis:	laus	Balt	imor	e, Mo	d.	STATE	

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician

Burial | 12/24/01 | St. Stantsta 24 FUNERAL DIRECTOR Joseph N. Zannino, 263 Spress Conkling St.

250. DATE REC'D. BY REGISTRAR 256.

PI BI II neisence enoldise STONET! amenifation in vata . drob fastanol decume Just et. Flessent · 1 Larna ograno W II 215-18-7560 Men. nems Carding, 2931 Mt. Rimsmitt Larrial Larria St. Tanialaus Salilaone, Md.

Joseph E. Zarmino, 20; G. Conkling St. 0563 Like

5130 Wisconsin Avenue, N. W. Wash., D.C.

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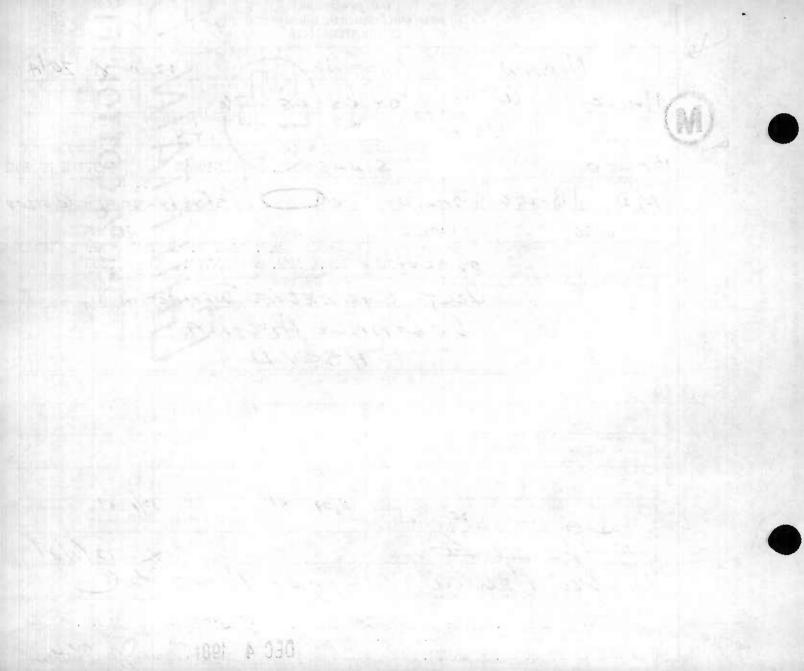
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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CONSULT - COLORES BUILD, 1240. MEOO Yorkship Medical Colores and

should be detached for use as the burial-transit permit. Then please remaye a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, TO FUNERAL DIRECTOR: After this certificate has been signed by

DHMH - 16 50M 1/81 (VRA 15, 4)

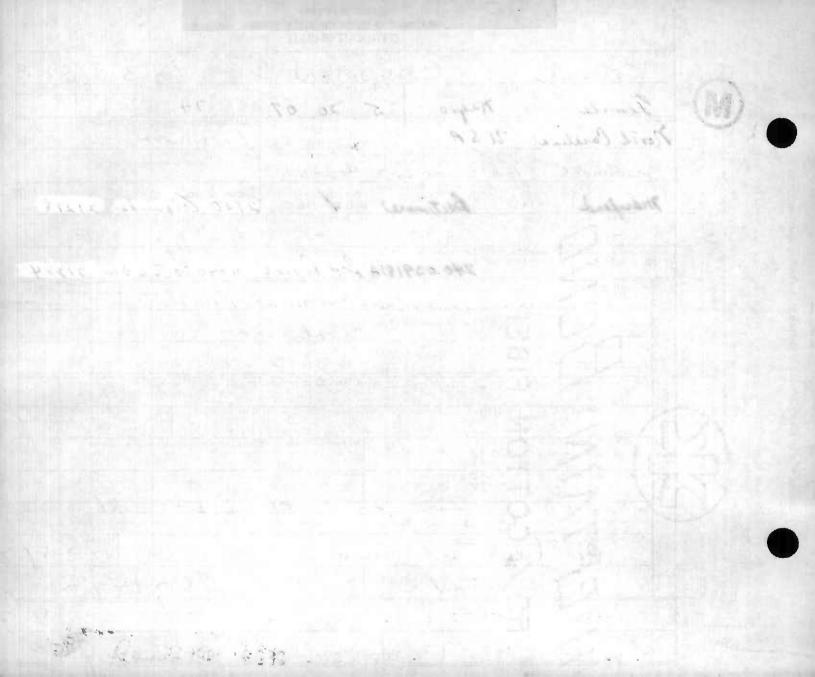
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STATE OF MARYLAND

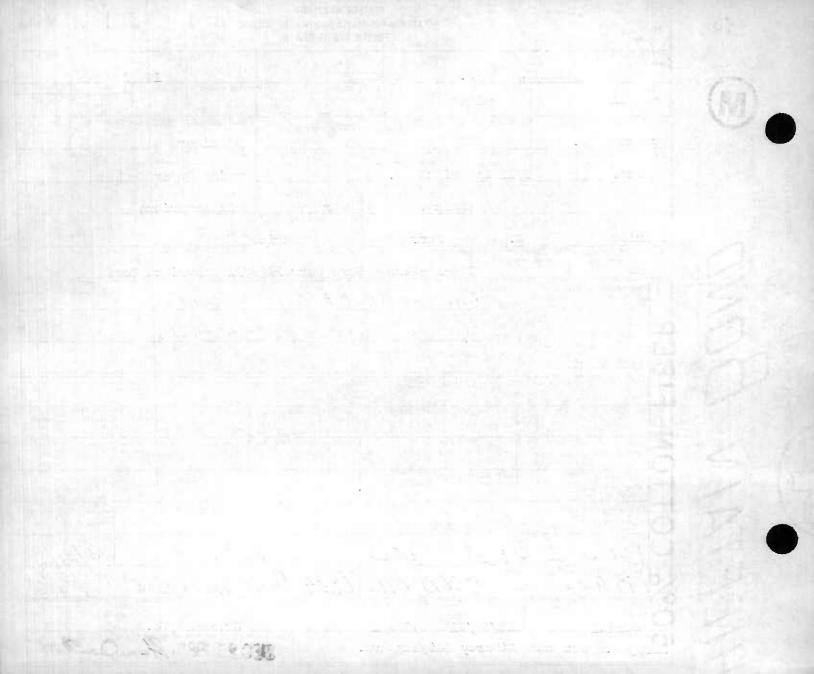
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HY ICATE OF DEATH	GIENE O REG. NO.	3	1 %	7		
	CEASED NAME FI	IRST /	MIDDLE	Ţ	AST		ONTH DAY	YEAR	2b. HOUR	1	
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3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHE	DAY) IF U	INDER 1 YEAR	IF UNDER 2	4 HRS	
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I BI	RTHPLACE (STATE OR FOREI	IGN 76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR		DEATH			
	MARYLAND	U.S	Α.	WIDOWE		BALTIMORI	E CITY			MD.	
II CI	TY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	V .		OF BUSINES		
-	ALTIMORE	18	08 RAMSAY	STRE	EET	UNKNOWN	/ORKING LIFE)	BETHI	LEHEM		
13a S	AL RESIDENCE (IF NURSING)	COUNTY	GIVE RESIDENCE BEFORE	ADMISSION)	136. INSIDE CITY LIMITS?	13e STREET ADDRESS		STEE	EL	- 53	
M	ARYLAND		BALTIMO		YES X NO	1808 RAMSAY	STREE	T. 21	1223		
14 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN N	AME		LAS			
	RICHARD	ARTHUR	CHANEY		ESTELL	MIDDLE	ENG	LEHAR			
	VAS DECEASED EVER IN L		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRESS		IBIA,			
(,	YES NO OR UNKNOWN) (IF	WW II	215-09-	2881	OLLIE MAE B	OWERS 8291 OL	D MONT			AD_	
	18 CAUSE OF DEATH (E		fine far (a), (b), and	I (c)	0	Perm		BETWEEN	MATE INTERV	EATH	
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	gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
130	underlying cause last. (c)										
	PART 2. OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OF COMBI	ION GIVEN	IN PART I	a,		
0											
CERTIFICATION	190. DATE OF OPERATION	N 196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		Ob. IF YES, W N CERTIFYIN YES			1?	
CER	210. ACCIDENT WAS UNDERLY	- Harris I		V V5.45	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY I	NITEM IB PART	OR PART 2)			
AL	OR CONTRIBUTING CAUS			Y YEAR	1-11						
MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION						
W	WHILE ON NOT WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, FA	RM ETC)	STREET	CITY OR TOWN		COUNTY	STA	ATE	
		hospital) attended the	e deceased fram		79 19	10 12/3	. 19	51	that (I) (W)	e) last	
	22a. I certify that (1) (New hospital) attended the deceased from 19 , to 19 that (1) (New) last saw the deceased olive on 19 , and that in (my) (New) opinion death occurred on the date and hour and from the causes stated obove, (1) (New) (Idd) (Idd) (Idd) not view the body effect death.										
	226. SIGNATURE TO BLANK A VALLA OUN DEGREES PIL DATE SIGNED										
	NV	100 / 10	12/11	la 1	ATTENDING- PHYSICIAN	MEDICAL STAFF	NO	14	41	87	
	224 PHYSICIAN'S NAME	ITHE CE PRINT)	/1/	31	22e ADDRESS		H- 4-	/	1.	7	
		AHMAN, M.D.			3455 WILKEN		229				
- (SURIAL, CREMATION, REM		2011/19/10	AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cc	YTAUC	STA	ATE	
BI	JRIAL	12-07-	-81 ME	ADOWE	RIDGE MEM, PK		HOWARI	D MAI	RYLANI		
- 7	JNERAL DIRECTOR		ADDRESS		223	TE REC'D. BY REGISTRAR 25	. REGISTRAR	'S SIGNAT	makes or 2		
HU	BBARD FUNERA	AL HOME, IN	C. 4107 W	ILKE	NS AVE.	DEC 7 1001	21	0	on -	S.a.	

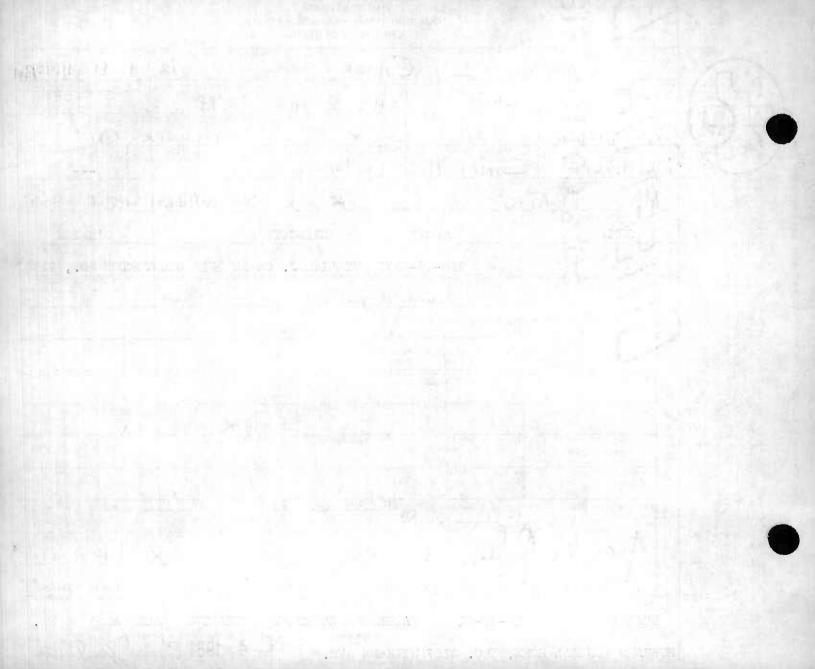
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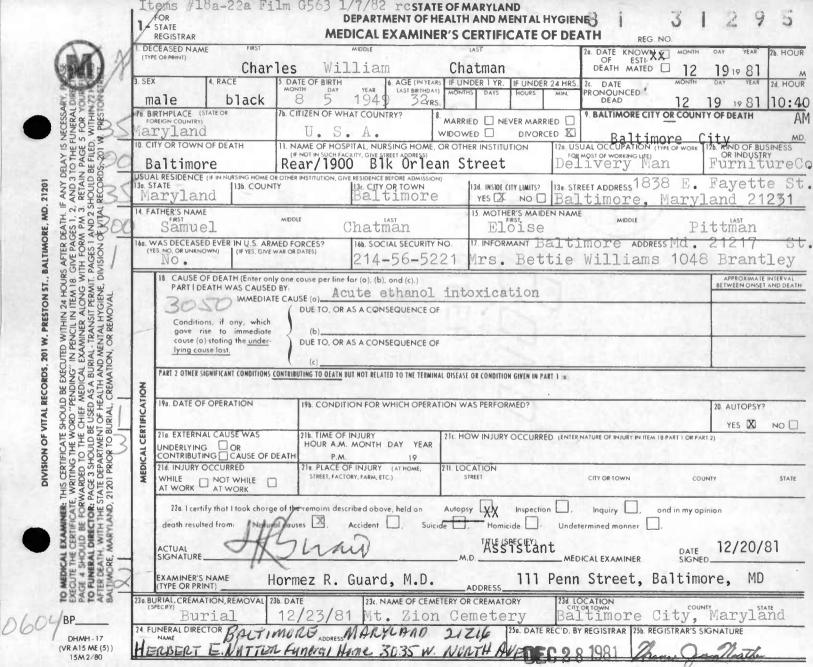


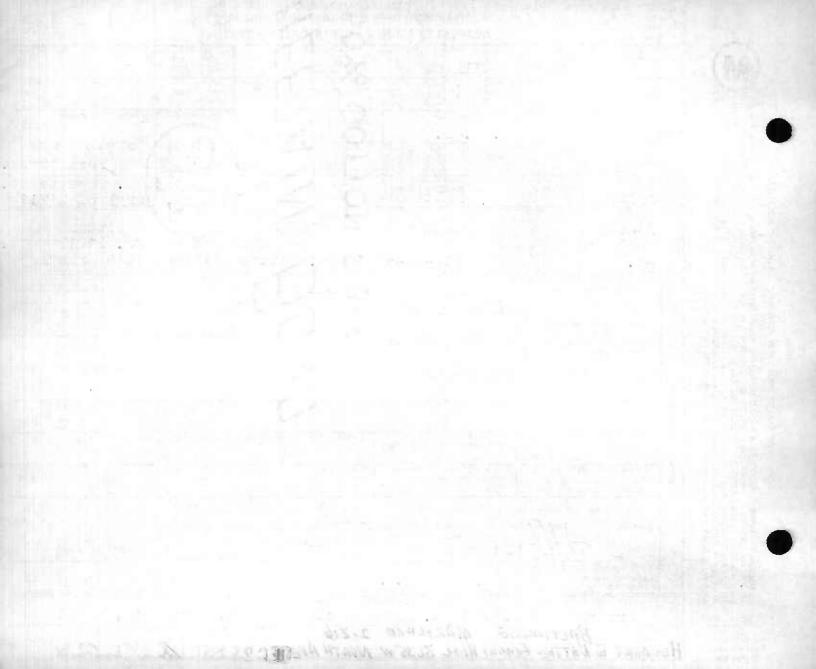
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-60	1.	FOR STATE	DEF		HEALTH AND MENTAL HYG	SIENE O I	0 1	4 7 3	
		REGISTRAR			FICATE OF DEATH	REG. NO	0.		
m = .		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	R 2b HOUR	
d of		BURREL		CHARI	ES		12 19 8.	7	
(n#)	3. SE	Male	4 RACE	5. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE		
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2	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	VTRY? 8	D X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH		
in 7	Ur	banna, Va.	USA	WIDOW		BAltimore		AA	
with with	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 12b. KIN	D OF BUSINESS OF	
s affi	B	alto.	3811 Labyrint			Domino Sug		KY	
hour be		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)			ar i		
24 hou filled in ould be	130.	Md	I3c. CITY OF Balto		13d. INSIDE CITY LIMITS? YES X NO	3811 Labur	inth		
thin thin	14. F.	ATHER'S NAME			15. MOTHER'S MAIDEN NA		LIICII		
d who de	Ch	arles	MIDDLE LAS	rrell	FIRST	MIDDLE		LAST	
s los		WAS DECEASED EVER IN U.S. AR		L SECURITY NO	Beatric 17 INFORMANT	ADDRE	SS		
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y th y th cren cren		cause (a), stating the underlying cause lost	DUE TO, OR AS A CON	SEQUENCE OF			A Section of the sect		
ned by please urial, cr			((c)						
sign hen p ta bu	Z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART	1101	
- y ir	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	ANICH OBERATIO	NI WAS DEDECTIVED	Tan- AUTORSVA	LOOK IT VES WERE EIN	Division	
	FIC	THE DATE OF OPERATION	148 CONDITION FOR W	VITICITOPERATIC	IN WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	SES OF DEATH?	
The tree to show the tree to show the tree tree tree tree tree tree tree	E	210, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		1at- How halling occurs	YES NO	YES 🗍	но 🗆	
phys tiffica Intrinct tol Hy		OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c. HOW INJURY OCCUR	CED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	2)	
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PHY trending the bury and M	MEC	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE	
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OR DIRE Oche Dep	10	22b SIGNATURE	1100.1	110	DEGREE	/ MEDICAL STAF		ATE SIGNED	
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HOSPIT	10	22d PHYSICIAN'S NAME (TYPE O	RPRINT GOLT	1011)	220 ADDRESS P	10 11	TA TA	11to Mal	
TO HOSP retained TO FUNE Should be with the IMPORTA		DAKKY	J. OUL	1710	6004 (an	IC Neibbt.	5 146	21215	
Z e r s x ₹	23a. 1	BURIAL, CREMATION, REMOVAL	23b. DATE	23t. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
OBP		Burial	12/26/81	Urbanna			Va.	STATE	
DHMH - 16 50M 1/81		UNERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR		ATURE	
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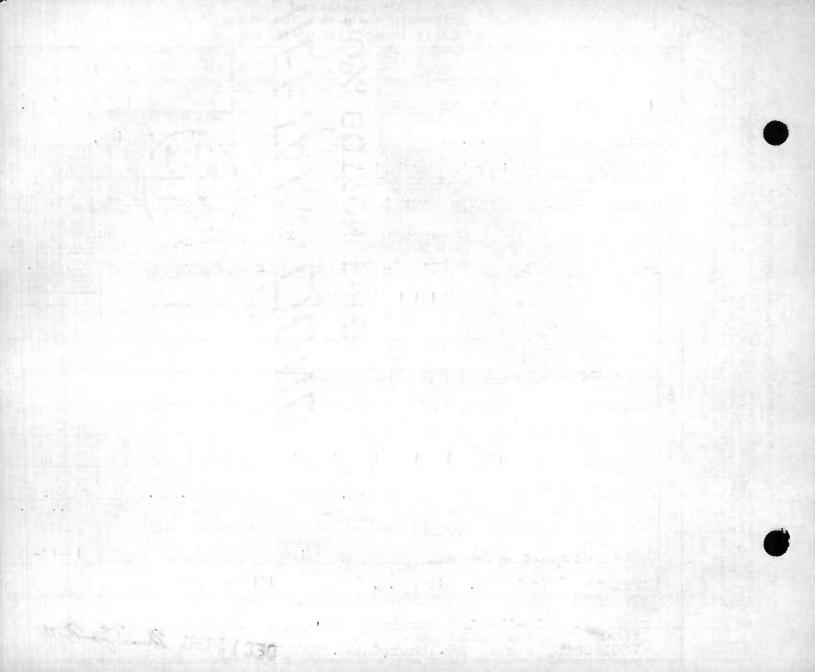




STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Nina DEATH MATED 121981 Frances Cheeseman 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY 8:05 PRONOUNCED 1937 Jan 44 DEAD Female White 1981 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. Pennsylvania Baltimore City WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a, USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY University Hospital - STU Baltimore Accounting AS A BURIAL - TRANSIT PERMIT. PAGES I AND 2 SHOULD BE CALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, CREMATION, OR REMOVAL. Dis. Photo USUAL RESIDENCE (IF IN NURSING OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 134. INSIDE CITY LIMITS? 134 STREET ADDRESS 3a. STATE M. COUNTY NO X 7109 Fitzpatrick Drive Marvland Prince George Laure1 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Samue1 Pusateri Augustine Lanzarotta 16g. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. 17. INFORMANT 7109 Pritzpatrick Dr. LYES, NO. OR LINK NOWN) 553-50-5654 Nina Marie Cheeseman Laurel, Md. No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A E OF HEALTH / CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES XX NO 3 SHOULD BE U 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) PRIOR TO HOUR XXX MONTH DAY YEAR CATE, WRITING THE FORWARDED TO TH UNDERLYING XXOR MEDICAL 6:25PM 1219 81 passenger in auto/auto impact CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. III. LOCATION PAGE 4 SHOULD BE FORWARDEN
TO FUNERAL DIRECTOR: PAGE 3 S
AFTER DEATH, WITH THE STATE DEF
BALTIMORE, MARYJAND, 21201 PF AT WORK AT WORK XX STREET, FACTORY, FARM, ETC.) road north from Mont. & Howard Co Howard Co., 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Accident XX Homicide death resulted from: Notural causes Suicide Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE 12-13-81 SIGNATURE EXAMINER'S NAME Penn Street Virginia L. Dolan, M.D. 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial Maryland Nat'1 Maryland Cem Laurel 24 FUNERAL DIRECTOR FACE FUNE FACE Home Inc. **ÖHMH-17** 20707 (VR A15 ME (5)) 7601 Sandy Spring Rd. Laurel Md. 15M 2/80

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1		EXAMINER'S TYPE OR PRI	NAME VI	rgin	ia L.	Dola	an, M.	D.	ADDRESS	III P	enn St	reet		A.	
1	23c. BU		TION, REMOVAL						OR CREMATORY	23d. Li	OCATION Y OR TOWN		COUNT	TY \$1	ATE
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12/22/81	
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FOR - STATE REGISTRAR I. DECEASED NAME TYPE OR PRINT)

MALE BIRTHPLACE (STATE OR FOREIGN

MARYLAND CITY OR TOWN OF DEATH

DALTIMORE

160 WAS DECEASED EVER IN U.S. ARMED FORCES

18 CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY

PART 2. OTHER SIGNIFICANT CONDITIONS

USUAL RESIDENCE IF NUE

14 FATHER'S NAME

MARYLAND

(YES, NO OR UNKNOWN)

NO

3 SEX

JUSTIN

4 RACE

OWI OF OTHER INSTITUTION

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J.

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IMMEDIATE CAUSE (o)_

DUE TO.

DUE TO.

196 CON

MIDDLE

7h CITIZEN C

NAME O (IF NOT IN S

21e PLAC (AT HOME

obove, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE

23a BURIAL, CREMATION, REMOVAL

PHYSICIAN 22e ADDRESS

ATTENDING MEDICAL DIRECTOR PHYSICIAN

OF

23d. LOCATION

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED STAFF

22d. PHYSICIAN'S NAME_ITYPE OF PRINT)

22a.1 certify that (1) (this haspital) attended saw the deceased alive on_

> ERIC DERMAN

> > 23b DATE

VYIZSIBLINU

HOSP, TAL mo

Burial

12/24/81

23c NAME OF CEMETERY OR CREMATORY Sacred Ht.Of Mary

DEGREE

CITY OR TOWN COUNTY Baltimore

STATE MD.

24 FUNERAL DIRECTOR Duda-Ruck, Inc . ADDRESS 7922 Wise Avenue

Dundalk, MD. 21222

DEC 29 1901

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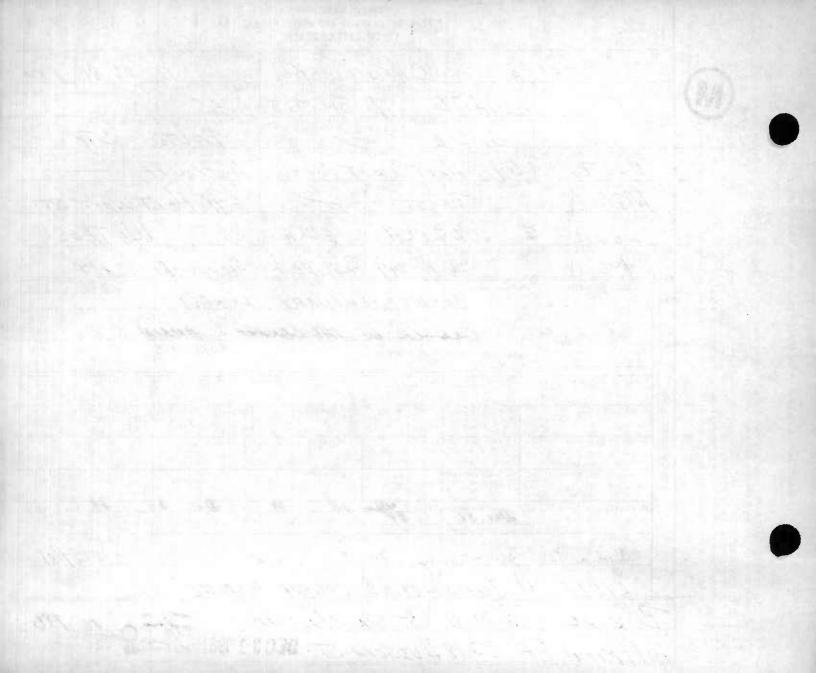
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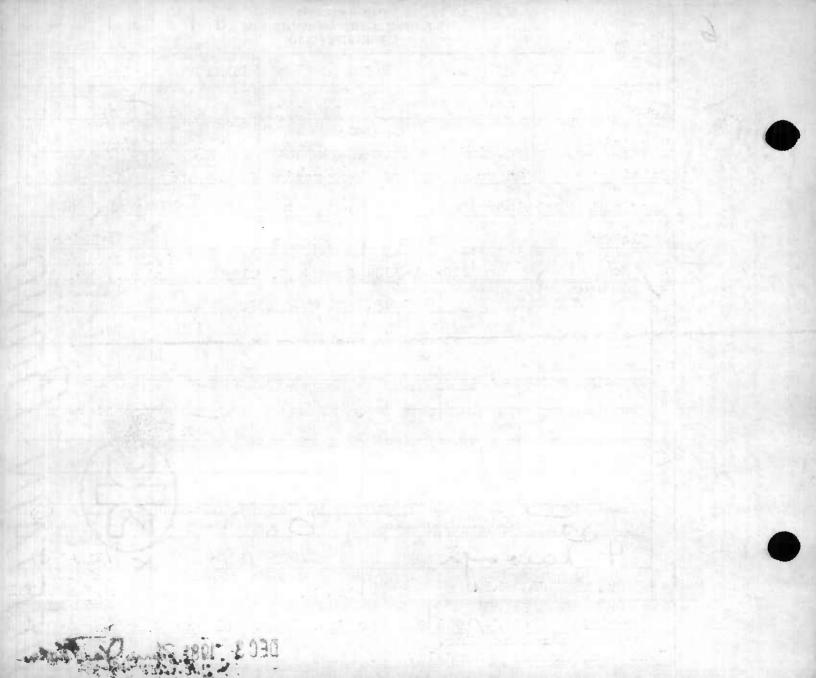
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equires that the death certificate is signed by the attending physici	Then please remove carbon paper to burial, cremation, or removal. njury, or other traumatic event, th	NO	Canditions, if any, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUED (b) A CONSEQUED (c) (c)	PULMONARY OF THE CERU	MUTASTASI	
ING PHYSICIAN: The law re r attending physician. After this certificate has beer	as the burial-transit permit. Ith and Mental Hygiene prior larked or Item 18 shaws any i	MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIFETIMER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	196. CONDITION FOR WHICH (216. TIME OF INJURY HOUR A.M. MONTH DA' P.M. 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	Y YEAR 19 216 HOW INJURY OCCURF 19 216 LOCATION STREET	YES NO TOWN	COUNTY STATE
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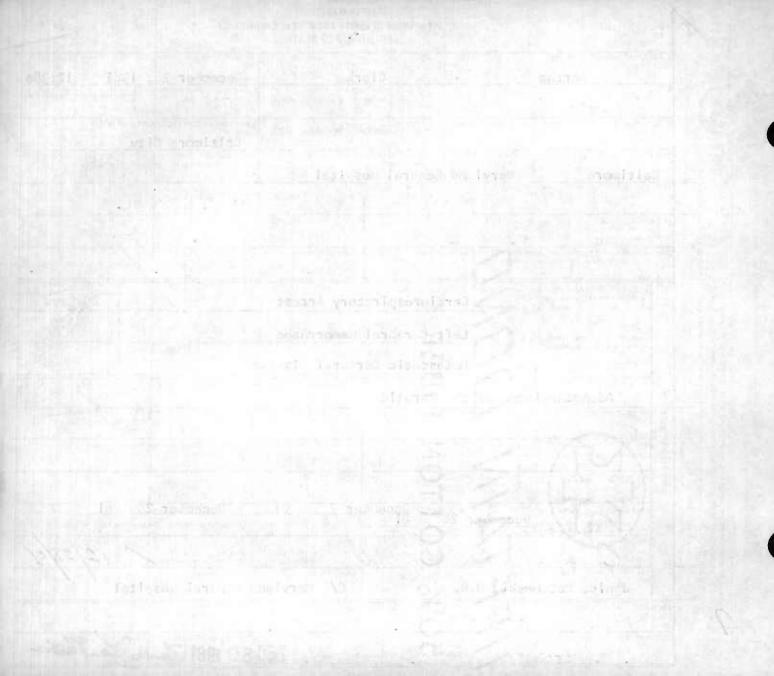
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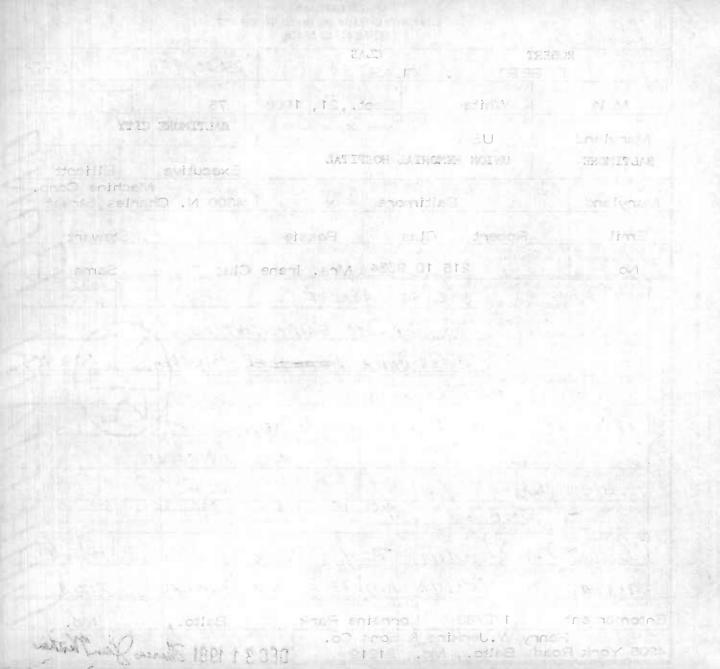
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dico.		WAS DECEASED EVER IN U.S. ARA	VED FORCES?	166 SOCIAL SECUE	RITY NO.	17 INFORMANT	ADDRE:				
E /		No	THAN ON DATES!	N/A		George Sto	kes 2408	N. St	ockton St.		
t, the		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Cardiorespiratory Arrest									
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tem 18 s		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)		
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21 is mo		220 I certify that (M(this haspite saw the deceased alive on, above, (M(we) (did) (ahr) has	ol) attended the Decembe	r 28 19		per 7, 1981 nd that in (My) (our) opinion o	, toDecembe death occurred on the da	, , ,		that (M(we) lost causes stated	
IMPORTANT: If Item 21 is marked or Item 18 shows		22h SIGNATURE Cancel &	Lurke						12/	28/8/	
MPORTAL		Janice Rutkov	,	.D.		C/O Marylar	nd General H	ospita	1	/	
2	23a. E	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 1/2/8			emetery or crematory alvary Cem.	23d LOCATION CITY OR TOWN Baltimo		CO	STATE	
/B1	24 FU	Wm. C. March	F/H	ADDRESS		25a DATI	REC'D. BY REGISTRAR	SI REGISTION		Wather	



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21212



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR			CER	TIFICATE O	DEATH		REG. NO.				
		CEASED NAME E OR PRINT)	Mabel Mabel	WIDDLE		Cli	pper	20 DATE OF			YEAR 81	2h HOUR	2
	3 SE	x Female	4 RACE	te		TE OF BIRTH	1 ^{YE} ÂB	6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UN MÖNTI	NDER I YEAR	IF UNDER ?	A HRS
25	Ma	IRTHPLACE (STATE OR FO COUNTRY)	US	OF WHAT CO	MAR	RIED NEVE	R MARRIED DIVORCED		RECHTY <u>OR</u> COL	NTY OF	DEATH		ME
0	Ba.	ITY OR TOWN OF DEAT ltimore	Gener	E OF HOSPITAL, IN SUCH FACILITY, G al Germ	IVE STREET ADDRESS)			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired Practical Nux					SSOR
3	13a. 3	ryland	Beltimor	B Par		YES [NO 📄		DDRESS Willough	by R	oad		
30)	ATHER'S NAME FIRST Elmer WAS DECEASED EVER IN	MIDDLE R.		Branner AL SECURITY NO	1	R'S MAIDEN NAM		WIDDLE		Roh1i	-	
2			(IF YES, GIVE WAR OR DA	(ES)	22 -9467		al Germa		ol ^{AD} AVenu Peoples	-		21229	9
2	CERTIFICATION	Conditions, if any, gove the to mine come to to mine to mine to to mine underlying couse. PART 2. OTHER SIGNE 19s. DATE OF OPERATE	FICANT CONDITION	O, OR AVA CO	NG TO DEATH I	IUT NOT RELAT	rollof	JAL DISEAS	genero	40	RE FINIDIN	AGS USED OF DEATH	47
9	MEDICAL CER	THE INJURY OCCURRE	D 21e PS	ME OF INJURY R A.M. MON P.M. ACE OF INJURY	- 1	9 21F LOCA		ED ISHIE HAD	1.7.100	10.798115	COUNTY	914	Alte
	Z	22d PHYSICIAN'S NAM	his hospital) attend alive on 5 d) (did not) view the	the deceased	from 19	ond that in (m	y) (our) opinion d ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN	hour ond	8/ I from the	that (I) (we couses stat	e) lost ted
	23a. B	BURIAL, CREMATION, RE	MOVAL 236 DAT	V		F CEMETERY O	Westvie R CREMATORY Bmetery	23d. LOCA			, Md.		28

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the

14 FUNERAL DIRECTOR Witzke P.A.
1630 Edmondson Avenue, Catonsville, Md. 21228

250 DATE RECD. BY REGISTRAR 250 PEGISTRAR SIGNAS RE

MATERIAL CONTRACTOR OF THE PROPERTY OF THE PRO 22 M. Carl Manual Comm. 12 25 The Mark apicus toga paused legent was all all Price and the second of the se 12/17/21 Tien Leven Conormy Like Surele 2.A. To the grade 1930 Semantron Avenue, Categoritis, No. 21220 - DEGI AND AND

XX	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYC	GIENE 6 REG. NO	٠, ١	3 0 8
noy be page 3		CEASED NAME FIRST RALPI	+ (COARD		AST		2 17 81	26 HOUR 5 20 M
ige 4 moy	3. SE	Male	4. RACE	HITE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 Y	
de een de	5	IRTHPLACE (S ATE OR FOREIGN COUNTRY) Maryland	U.S		WIDOWE		Baltimore city o	7 ,	H MD.
by the filed w	1	BACTIMORE	GENOTIN SI	SAM AR	ADDRESS)	HOS PITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOSTO District		
y filled in hould be	13a. : Ma	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Bryland		13c. CITY OR TOWN Baltimor	N	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS 3602	MONTER	ery Ro
ompletel			MIDDLE	, LAST		15 MOTHER'S MAIDEN NA FIRST Ida	WIDDLE	Hickn	tast man
be execu		NAS DECEASED EVER IN U.S. AF yes, no or unknown) (1F yes, GI NO	RMED FORCES? VE WAR OR DATES)	3.14. 03.	0	Mrs. Nancy Me	ADDRE	ss 2 <mark>801 Hardfo</mark>	ord Road
equires that the death certif n signed by the attending pi Then please remove corbans r to burial, cremation, ar rem injury, ar other traumatic eve	Z	PART 2. OTHER SIGNIFICANT	TE CAUSE (a)	OR AS A CONSEQUE	NCE OF	LUNG	ninal disease or conc	DITION GIVEN IN PAR	T No
low r	CERTIFICATION	190 DATE OF OPERATION	196 CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED ISES OF DEATH?
F 0 5 5 5		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY A.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR			
ENDING PHYSICIAN: tal or attending physicians OR: After this certificatives of the burial-strong rate of the burial-strong the order of the the order of the term of the order of the term of the order of the order of the order of the order or the order order order order order or order	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME S	OF INJURY TREET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TOV	NN COUNTY	STATE
OR ATTENDI e hospital or DIRECTOR: A sched for use Dept. of Heali f Item 21 is ms		220-1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE	12/1	6 19		d that in (my) (our) opinion	death accurred an the do		the causes stated ATE SIGNED
PITAL O by the ERAL D se detocl Stote Do		Lakhau 22d. PHYSICIAN'S NAME ITYPE				ATTENDING PHYSICIAN [MEDICAL STAF	F	2 12 29
TO HOSP retoined by TO FUNE should be with the S	23a. E	JASNEEM BURIAL, CREMATION, REMOVAL	APL 23b. DATE	HAN)	AME OF C	1831 E	NORTHER A	V Pkur	1, BALTO
03 BP		Burial UNERAL DIRECTOR		9, 198 Lou	idon 1	Park Cemetery	Baltimore		
DHMH - 16 50M 1/81 (VRA 15, 4)		ick Towson Fune:	ral Hom			TK KUAU	E REC'D. BY REGISTRAR C 2 1 1981	Manu Ja	Mastle

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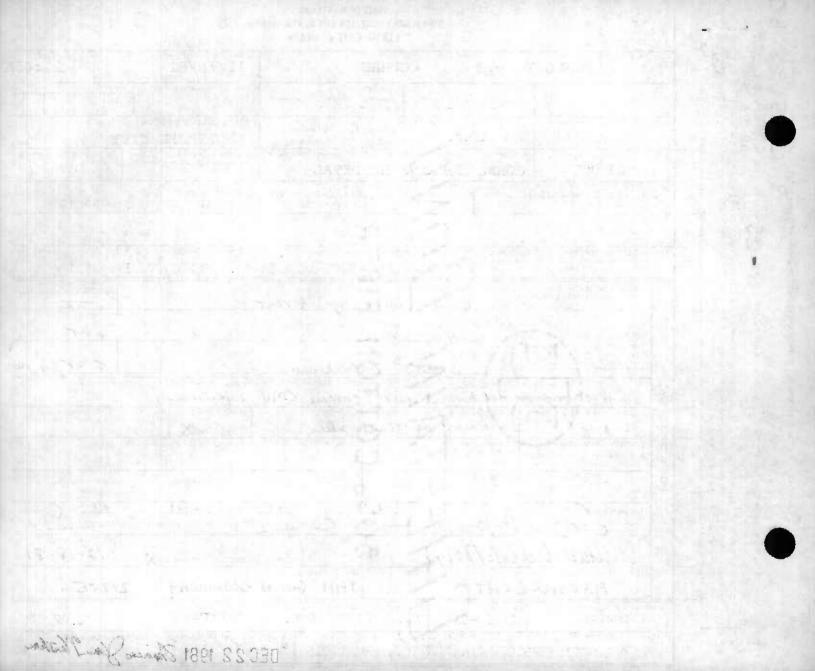
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-c. Colcol Interal Lore, Doc. To Boo, bd.21200

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8	1-	STATE REGISTRAR				ERTIFICATE OF			0 ,
W		CEASED NAME FIRST E OR PRINT)		MIDDLE		SELONIA	20. DATE KNOWNY OF ESTI-	MONTH DAY YE	2b. HOUR
ECESSARY, PLEASE NERAL DIRECTOR FOR YOUR FILES WITHIN 72 HOURS PRESTON STREET,	3 S(6)	ale 4. RACE ROM	5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA	RS IF UN	NIA IDER I YR. IF UNDER 24		12-29-84 MONTH DAY YI	A 2d. HOUR
ECESSARY, NERAL DIRECTOR YOUR WITHIN 721	A R	mate white	3/29 Th CITIZEN OF WE	/11 70 YR		HS DAYS HOURS A	PRONOUNCED DEAD 9 BALTIMORE CITY O	12-29-81	P:51 _m
NECESSAR FUNERAL FOR YOUNTHIN WITHHIN	FC	REIGN COUNTRY)		A	MARRI WIDOW	ED NEVER MARRIED	-	_	MD.
12月之/		TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS)			TO USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	OF WORK 12b. KIND OF OR INDI	JSTRY
REFAULT SE	USUA	ALTIMOTE LE RESIDENCE (IF IN NURS DOME OF TATE OUNT	OTHER INSTITUTION, GI	re City Hosp VE RESIDENCE BEFORE ADMISSION 1130. CITY OR TOWN	ital M		A CIDEET ADDRESS	SIE	EL
SHOULD BY ALPROOPS		MD B	ALTO	DVNOR	LK	YES NO L		CLARE	
FW 45)	ATHER'S NAME A CHILLES	MIDDLE COAT	SOLONIA		15. MOTHER'S MAIDEN	NAME MIDDLE 5077	LAST	
GESTA	(Y	VAS DECEASED EVER IN U.S. ARM ES. NO, OR UNKNOWN) (IF YES, GIVE Y	ED FORCES?	166. SOCIAL SECURITY		17 INFORMANT REULAH	ADDRESS COATSOLENIA	. 4	Rove
MIT. PA	-	18 CAUSE OF DEATH (Enter anly	ane cause per line			02 02.11	acy i Jozef III	APPROXI	MATE INTERVAL
ALONG WITH F T PERMIT. PAGE RGIENE, DIVISIO DVAL.	7	PART I DEATH WAS CAUSED	E CAUSE (a) Ar	teriosclero		cardiovascul	ar disease		
PENCIL IN ITEM 18. GIVE PAGES 1, AMINIER ALONG WITH FORM PM TRANSIT PERMIT. PAGES 1 AN PM TRANSIT PERMIT. PAGES 1, WENTAL HYGIENE, DIVISION OF WITH PAGENE. OR REMOVAL.		Canditians, if any, which gave rise to immediate	(b).	AS A CONSEQUENCE O	r				
XAMIR AL-TR MENT N, OR		cause (a) stating the <u>under</u> lying cause last.		AS A CONSEQUENCE O	F				
HIEF MEDICAL EXAMINER ALON USED AS A BURIAL - TRANSIT PER OF HEAITH AND MENTAL HYGIEN RIAL, CREMATION, OR REMOVAL		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH 8	BUT NOT RELATED TO THE TERMI	IAL DISEASE	OR CONDITION GIVEN IN PART I	10).		
MED AS A	CERTIFICATION	19s. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERA	TION W	AS PERFORMED?		20 AUTOF	SY2
CHIEF CHIEF	TIFIC							YES [
ARTMEN OR TO B	CAL CEI	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		INJURY MONTH DAY YEAR	21c. HC	DW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2}	
AGE 3 SH ATE DEP/	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE D AT WORK	21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION TREET	CITY OR TOWN	COUNTY	STATE
VEXECUTE THE CERTIFICATE, WRITING THE WORD, "IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNEAR ROGE 3 SHOULD BE LUSED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BIRIAL, IN THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BIRIAL, IN THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BIRIAL, IN THE STATE DEPARTMENT.		220. I certify that I taak charge			Autap			d in my apinian	
DIE BE DIREC DIREC WITH VARYL		1	I causes XX	Accident , Suic	ide 🔲	, Hamicide	Undetermined manner,		
ERAL SHOU ERAL SHOU ORE, A		SIGNATURE UA	Monte	the mill	м	D. Assistant	_MEDICAL EXAMINER	SIGNED 12-30	1-81
GECUTION ALTIMO		EXAMINER'S NAME (TYPE OR PRINT)M	garita A	. Korell M.		ADDRESS 111 Pe	nn Street		
8 A T P P	23a.B	URIAL CREMATION, REMOVAL 23	1/2/P>	1486 Y	_	R CREMATORY	BALTO.	COUNTY DOON	STATE
HMH - 17	24 F	UNERAL DIRECTOR	ADDRESS		11-0	250. DATE REC	D. BY REGISTRAR 125 REGIS	TRAR'S SIGNATURE	The Car
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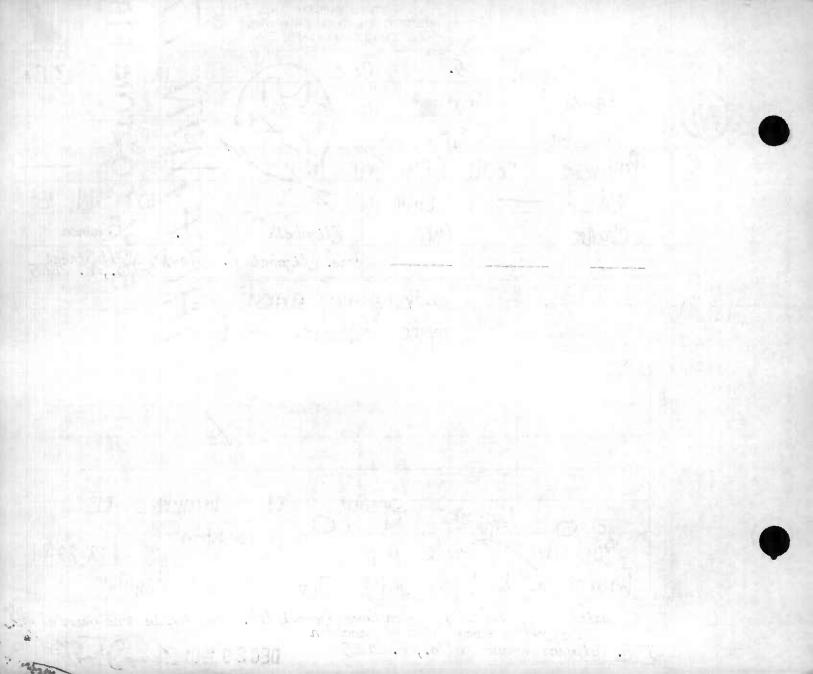
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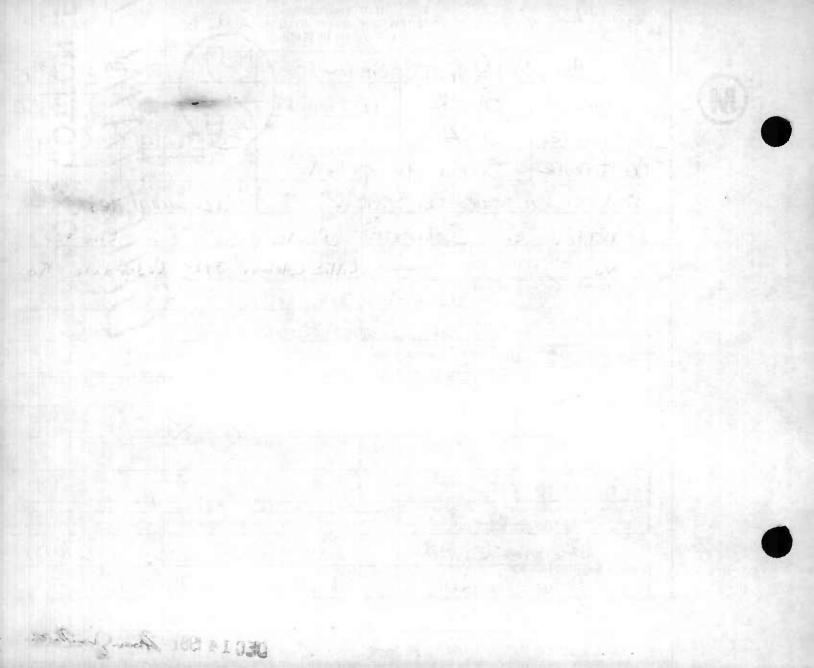
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11		CEASED NAME	FIRST		MIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
ne U		Не	nry	5	Sip	Cold:	ing		12	4 81	
(M)	3 SE	Male	· ·	RACE Bl	.ack	S DATE OF E	PAY 1909	6. AGE (IN YEARS LAST BIF	YRS.	MONTHS DAYS	HOURS MIN
) 1	q	IRTHPLACE (STATE OR FOR PUNTRY) KANSAS	REIGN 71		what country?	MARRIED E	NEVER MARRIED	Baltimore City of Baltimor			
De De		ny or town of DEAT altimore	TH 1	LIF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET LOSEDALE	ADDRESS)	alto.,Md.	126. USUAL OCCUPAT (TYPE OF WORK FOR MOST) Crane Op	TION OF WORKING LIE	12b. KIND (INDUSTRY	tis-Ba
filled m	13a. S	AL RESIDENCE (IF NURSIN STATE Tyland	NG HOME OR COUNT		GIVE RESIDENCE BEFORE 136. CITY OR TOW Baltimo	ADMISSION)		13. STREET ADDRESS			le St.
mpletely and 2 should a should be a should	14 FA	ATHER'S NAME	M	DDLE	LAST	15	MOTHER'S MAIDEN NAM		1200	LA	ST
it, the median		WAS DECEASED EVER IF	N U.S. ARM (IF YES, GIVE V	ED FORCES? VAR OR DATES)	214-01-		Mrs. Glady			rland	
the death cert e attending ph ove carbon pa nation, or rem her traumatic		Conditions, if any,		(b)		NCE OF			100		
law requires that the been signed by the at the Then please remove rior to burial, cremating any injury, or other	ATION	gove rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNI	ediote the lost IFICANT CO	DUE TO, OI	R AS A CONSEQUE	ENCE OF	OT RELATED TO THE TERM				-
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NG PHYSICIAN: The law requires that the radiographysician free this certificate has been signed by the attended with the burial-transit permit. Then please remove and Mental Hygiene prior to burial, cremati arked of Item 18 shows any injury, or other	MEDICAL CERTIFICATION	gove rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNI 19a DATE OF OPERATI 21a, ACCIDENT WAS UNDE OR CONTRIBUTING CA	ediote) the last IFICANT CO ION ERLYING [] LEXAMINER) ED	DUE TO, O (c) DIDITIONS CO 196 COND 216. TIME O HOUR A. P. 216. PLACE	R AS A CONSEQUE TION FOR WHICH IF INJURY M. MONTH D,	OPERATION V	VAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE URY IN ITEM 18, F	S, WERE FINDI FYING CAUSES	NGS USED S OF DEATH?
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TALLOR ATTENDING PHYSICIAN: The law requires that the the weptited or attending physician. The hospital or attending physician been signed by the attended for use as the burial-transit permit. Then please remove tate Dept. of Health and Mental Hygiene prior to burial, cremating. If Item 21 is marked or Item 18 shows any injury, or other	WEDICAL ASSESSMENT	gove rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNI 19a DATE OF OPERATI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTION COURSE CONTRIBUTION CAUSE CONTRIBUTION CAUSE CONTRIBUTION CAUSE CONTRIBUTION CAUSE CONTRIBUTION CAUSE CAUSE CONTRIBUTION CAUSE	FILLING DATE OF DEATH OF THE PROPERTY OF THE P	DUE TO, O (c) (c) (d) (e) DNDITIONS CO 196 COND 216. TIME O HOUR A. P. 216. PLACE (AT HOME, STI	ONTRIBUTING TO I	OPERATION V AY YEAR 19 ARM, ETC) 2	VAS PERFORMED It HOW INJURY OCCUR! If LOCATION STREET 19 10 10 10 10 10 10 10 10 10	Z00 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSI Z36 LOCATION CITY OR TOWN	286. IF YE IN CERTIE YE JRY IN ITEM 18, I DOWN	COUNTY 198 22. DATE 22. Balto COUNTY	NGS USED S OF DEATH? NO STATE that (I) (we) lee couses stated E SIGNED 1216 , Md.

O.A. 25 8 81 2-11- 784 18-4-51 Feb. Celly 12-5-81 1881 7 1881 7 1380. 1 - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	1	FOR - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene 8 1 Reg. NO.	3 1 3 1 4
noy be		ECEASED NAME PE OR PRINT) EX FIRST Baby 1	30y RoshadT.	Coleman Is date of Birth	20. DATE OF DEATH MONTH	0981 26 HOUR 1035 PM
96 (M)		male	Black	MONTH DAY YEAR	-1-57,15RS	MONTHS DAYS HARS 50
deoth. P.	5	Battimore	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Battimore city or coun	Re City MD
by the filed with	× 10.	Bath More	ON SUCH FACILITY GIVE	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) 126 KIND OF BUSINESS OR INDUSTRY
in 24 hou filled in hould be	5 130	state of Bo	OTHER INSTITUTION GIVE RESIDENCE	MOR YES NO NO NO	3512 Lung	hre; 213011
ompletel	0	Donald	E. COR	2 Paula	MIDDLE	Chester
on and c	2 160	WAS DECEASED EVER IN U.S. ARN (YES, NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? 16b. SOCIÁL WAR OR DATES)	Lillie Colev	address and 3925 Ced	lardale Rd.
g physici on paper removol.		18 CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED IMMEDIATE	BY: It ALA	wiespiratory fac	line	APPROXIMATE INTERVAL
e death ce attending action, or r traumotic		Conditions, if ony, which	DUE TO, OR AS A CONS	me Prendurit	y.	4his.
that the day the ease remain, cremo		gave rise to immediate couse (0), stating the underlying cause lost.	DUE TO, OR AS A CONS	EQUENCE OF	0	
requires an signed Then plur injury, o	NOI	PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing</u>	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION (SIVEN IN PART 110
The low resistion. The has been most permit. Tigiene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
SICIAN: T ng physici certificate irial-tronsi ental Hygi	3	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
OING PHYS or attendin After this e os the building oilth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM ETC.) 21f. LOCATION STREET	CITY OR FOWN	COUNTY STATE
attenbin spitol ar CTOR: Af Ifor use a af Healtl		220.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not)	dec 9	7	n death occurred on the date and h	, 19 , that (I) (we) last nour and from the causes stated
TAL OR Ay the horal the horal DIRECTOR TO THE DIRECTOR TO THE DEPT. If Hem		22h SIGNATURE A HUM	nelly MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/9/8/
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Stote IMPORTANT:		22d. PHYSICIAN'S NAME ITYPE OR DONNA	Hummell	Johns Hopk	n's Hosp. Dept. A	Pediatrics
BP		BURIAL, CREMATION, REMOVAL (SPECIFY Burial	12/15/81	Ring Mem. Pk.	23d LOCATION CITY OR TOWN Baltimore	CO. MD
DHMH - 16 50M 1/B1 (VRA 15, 4)		Wm. C. March	F/H 1101 E	North Ave.	DEC 14 1981 25	STRAR'S SID MATURE



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CERTIFICATION

MEDICAL

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MPORTANT:

FOR

STATE OF MARYLAND

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- STATE REGISTRAR		DEPART	CERTIFICATE OF DEATH								
I. DECEASED NAME (TYPE OR PRINT)	Roy	J.	COLEMAN	26. DATE OF DEATH MONTH DAY YEAR 26. HOUR 12:29p.							
3. SEX Male	<i>y</i> • •	4 RACE Black	S. DATE OF BIRTH MONTH DAY Apr. 8, 1922	6. AGE (IN YEARS LAST BIRTHDAY) FUNDER TYEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN.							
BIRTHPLACE (STATE O		76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY OF DEATH							
Baltimore		11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Mary land Gener	IG HOME OR OTHER INSTITUTION ADDRESS).								
USUAL RESIDENCE (IF NU 130. STATE MD	RSING HOME OR IN COUN Howa		N 13d. INSIDE CITY LIM	7764 0-1-1 7 14:77 7							
14 FATHER'S NAME			15. MOTHER'S MAID	15. MOTHER'S MAIDEN NAME							

18 CAUSE OF DEATH (Ent	er only ane cause p	er line far (a), (b), and (c)				APPROXIMATE INTE
PART I. DEATH WAS CA	AUSED BY: FDIATE CAUSE (0)_	Refractory Hyp	otension			
4472	DUE TO,	OR AS A CONSEQUENCE OF. Sepsis associa	4 - 1 4	1 of	Infontad	
Conditions, if any, which	th (16)	Sepsis associa	ited with re	moval of	Intected	4 S S S S

17 INFORMANT

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

71-76-0511

Atherosclerotic cardiac disease 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 198 DATE OF OPERATION 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Aorto-duodenal fistula NO [ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH OR CONTRIBUTING TO CAUSE OF DEATH

21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY NOT WHILE

220.1 certify that XIX(this haspital) attended the deceased from saw the deceosed alive an December 14 above, (Nowe) (did) (did) view the bady after death and that in (my) your) opinion death occurred on the date and hour and from the causes stated

226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING 12/14/81 MEDICAL

22e. ADDRESS

Anthony Tan, M.D. c/o Maryland General Hospital

23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

246 N. Washington Street George R. Snowden Rockville, Md. 20850

First Baptist Cemeter Guilford, Howard,

DIRECTOR PHYSICIAN

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIREC

Burial 12-19-81 24 FUNERAL DIRECTOR

Jecob A. Coleman

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Sarah E. Moore

Pohort Coloman (hant)

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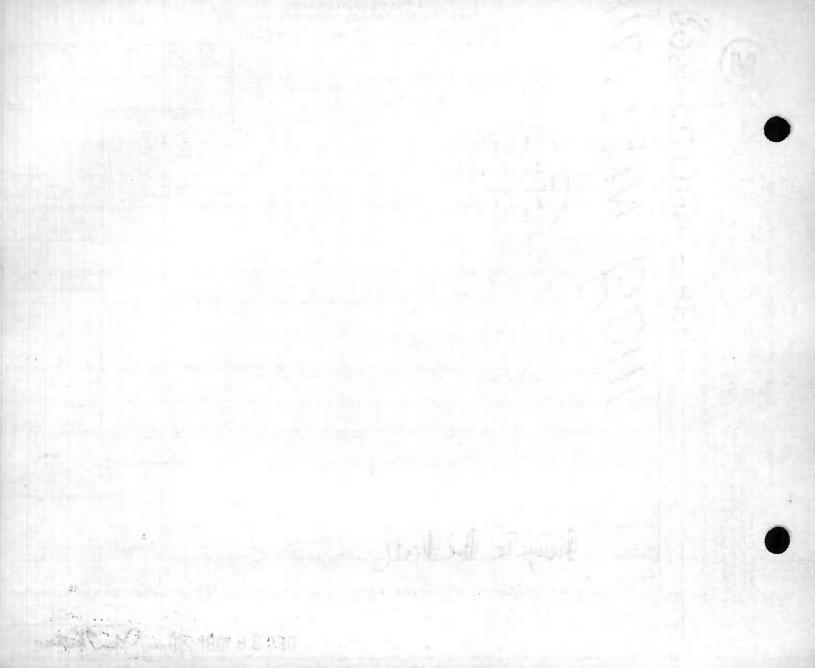
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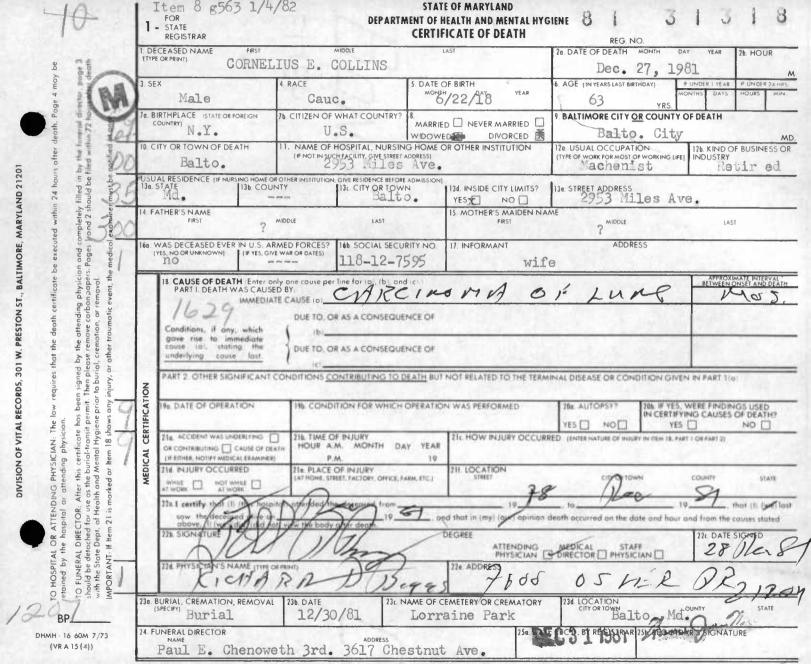
	FOR STATE REGISTRAR		STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1	3 1 3 1 6
	DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	Collier	20 DATE OF DEATH MONTH	2 8 3 20 P
SA MIT	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
AFA	female	white	May 31,1939	42	MONTHS DAYS HOURS MIN.
3	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUN		9. BALTIMORE CITY OR COU Baltimore Ci	NTY OF DEATH
40	Baltimore	St. Agnes Ho	osp.	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKII dispatcher	126, KIND OF BUSINESS OR
\$3	Maryland How		eott City YES NO	13e STREET ADDRESS 4004 College	Ave.
20	FATHER'S NAME FIRST Hobert	MIDDLE Cross	Ethel	MIDDLE	Scott LAST
2 16		ARMED FORCES? 166 SOCIAL GIVE WAR OR DATES)	SECURITY NO. 17 INFORMANT Ava Mithhell	4004 CoRlege Ellicott Cit	Ave. y, Maryland 21043
CEDITECATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN 190 DATE OF OPER 100	more Hyper	SEQUENCE OF G TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	GIVEN IN PART 1/a YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
	OR CONTRIBUTION CONTRACT		H DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, O	19 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
S H S H GLE		pital) attended the deceased from	2 21 21	death accurred on the date and	hour and from the causes stated
ANT. If Item	22b. SIGNATURE	Havis /Co	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
MPOK A	Dr. Hanit	ORPRINTI / X NA	Monnie of		
. 23	BURIAL, CREMATION, REMOV	12/5/81	Good Shepherd Ceme	23d LOCATION Ellicott City	, Howard , Mary land
	FUNERAL DIRECTOR	me,EllicottCity	Maryland 21043	C 4 1081	GISTRAR'S SIGNATURE

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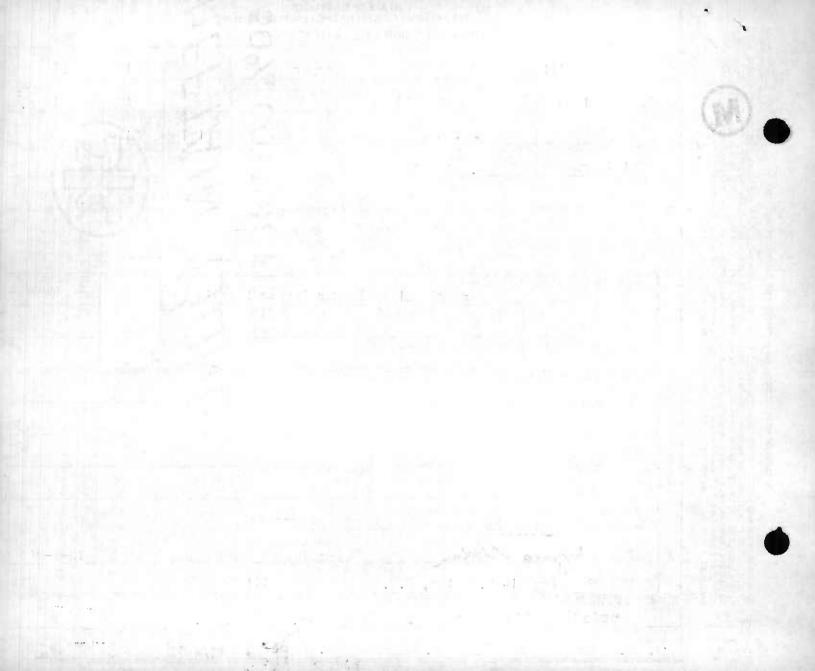
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN DAY (TYPE OR PRINT) OF ESTI-CHARLES COLLINS 4. RACE A AGE (IN YEARS IF UNDER 1 YR. MONTH 3. SEX DATE OF BIRTH IF UNDER 24 HRS DAY 2c. DATE MONTH LAST BIRTHDAY) PRONOUNCED THE FUNERAL DIRE AGE 5 FOR YOUR 12-22-8,1 DEAD black male 64 YRS WITHIN 7 b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. MD Baltimore WIDOWED X DIVORCED AGES 1, 2, AND 3 TO THE FUR RM PM 3. RETAIN PAGE 5 F 1 AND 2 SHOULD BE FILED, W 1 OF VITAL RECORDS, 201 W. 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Dennison Street Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TIG STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 611 Denison St. YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST Unknown Unknown GIVE PAGES VITH FORM I PAGES 1 AN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO, OR UNKNOWN) N/A No James Battle 611 Denison St. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ALONG W BETWEEN ONSET AND DEATH F MEDICAL EXAMINER ALONG VED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "YR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED THE STATE DEFARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 20 AUTOPSY? YES [] NOVY 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE Inspection XX 22a I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian Natural causes XX Undetermined manner death resulted from: Accident a Suicide Homicide TITLE (SPECIFY) 12-23-81 Assistant SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23(. NAME OF CEMETERY OR CREMATORY 23d LOCATION 12/28/81 Mt. Calvary Cemetery Anne Arundel Co. Burial 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH-17** I101 E. North Ave. Wm. C. March F/H, Inc. (VR A15 ME (5) 15M 2/80





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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Conner William 1981 DEATH MATED XX (Connor 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YR IF LINDER 24 HRS 2c. DATE PRONOUNCED LAST BIRTHDAY) 5 08 73 DEAD 1081 Male Black 4 a . M TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Virginia Baltimore City DIVORCED X AGES 1, 2, AND 3 TO THE FURN PM 3. RETAIN PAGE 5 1 AND 2 SHOULD BE FILED, VOF VITAL RECORDS, 201 W II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12s. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Baltimore Aisquith Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 633 Aisquith St. 13s. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE AA IDDIE LAST AS A BURIAL - TRANSIT PERMIT, PAGES I AND ALTH AND MENTAL HYGIENE, DIVISION OF VIT CREMATION, OR REMOVAL. Jesse Watkins Conner Georgianna FORM 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMANT ADDRESS (YES, NOOR UNKNOWN) Geraldine Conner 2417 Druid Hill 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arterioscierotic Cardiovascular Disease IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) HEALTH CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES 🗌 XXON EXECUTE THE CERTIFICATE, WRITING THE WO PAGE A SHOULD BE FORWARDED TO THE CI TO FUNEAR DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY Inspection X 226. I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion death resulted from: Homicide Undetermined monner Notural causes Accident TITLE (SPECIFY) ACTUAL SIGNATURE DATE Assistant 12-4-81 EXAMINER'S NAME III Penn Street Virginia L. Dolan, M.D. (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY 12/11/81 MD Burial Balto. Mt. Auburn Cem. BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH-17** 1101 E. North AVe. (VR A15 ME (5) C. March F/H 15M 2/80



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME LAST 20 DATE OF DEATH MONTH DAY 26 HOUR LIYPE OR PRINTS Joseph 0. Conticello 12-7-81 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5-27-96 DAY YEAR Male White TO. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED Italu U.S.A. Balto. City WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Balto. 6927 Harford Road Ret. Barber USUAL RESIDENCE (IF NURSING CHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Balto. 6927 Harbord Rd. YES NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Conticello Domenico Lawrence Pedone 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 219-12-5395 NO Bruno L. Conticello, 6927 Harford Rd. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY APPERIOSCLEROTIC CARDIOVAS-DUE TO, OR AS A CONSEQUENCE OF CULAN DISEASE Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COLUN YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 80 saw the deceased alive on_ , and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d, PHYSICIAN'S NAME (TYPE 22e ADDRESS Fausto Q. Aquino M.D. 8713 Harford Rd. 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (SPECIFY) CITY OR TOWN COUNTY STATE? Burial Holy Redeemer 12-10-81 Balto., Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

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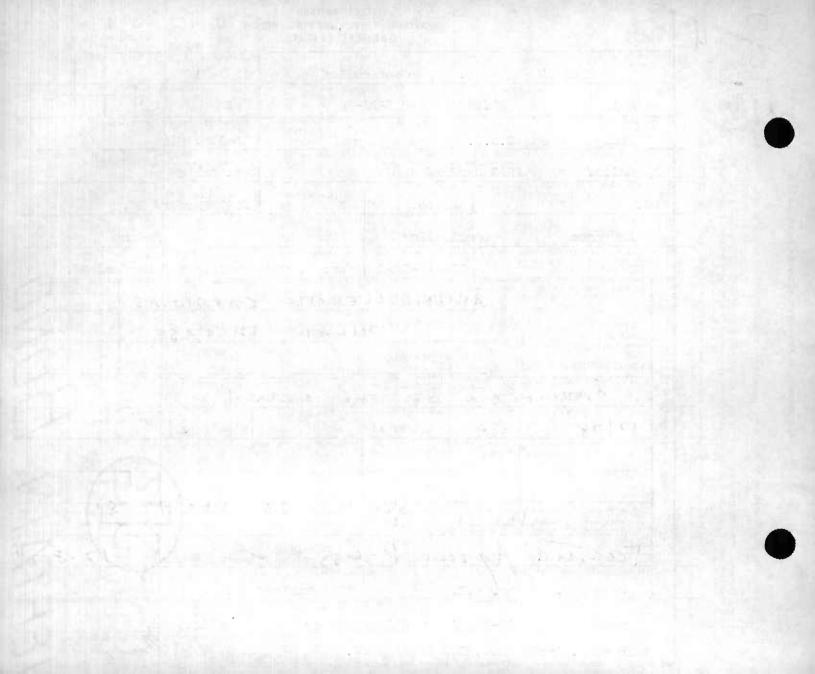
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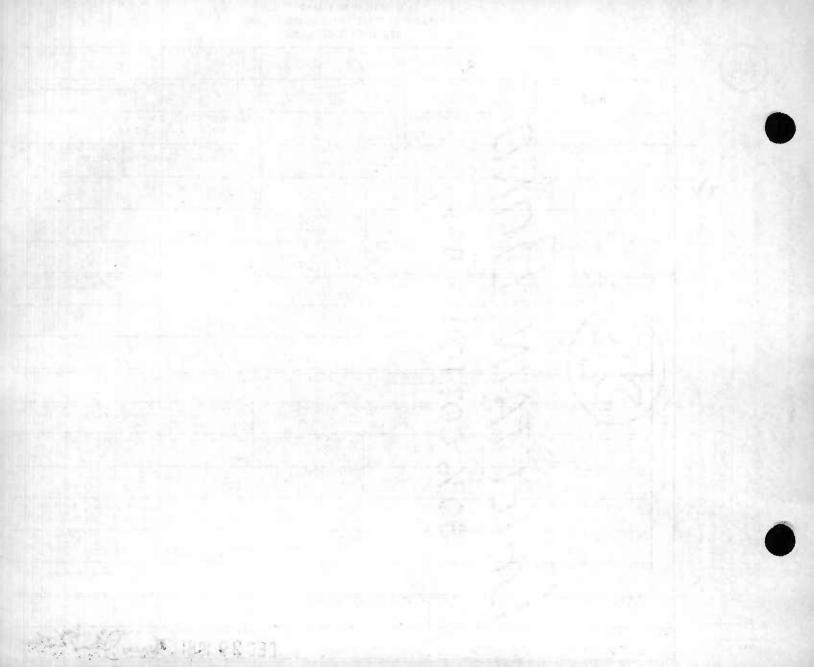
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24 FUNERAL DIRECTOR Leonard J. Ruck, Inc., 5305 Harford Rd.

250 DATE REC'D. BY REGISTRAR 256 POSTSTRAR'S SIGNATURE





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH YEAR 7b HOUR 8 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9 BALTIMORÉ CITY OR COUNTY OF DEATH 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 2031 ClitTWOOD MORTON

DHMH - 16 50M 1/81 (VRA 15, 4)

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25b. REGISTRAR'S SIGNATURE

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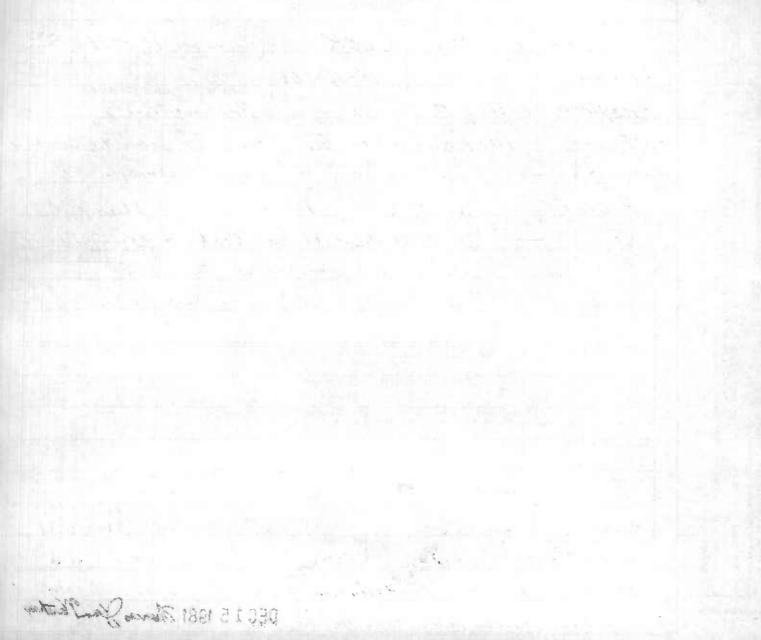
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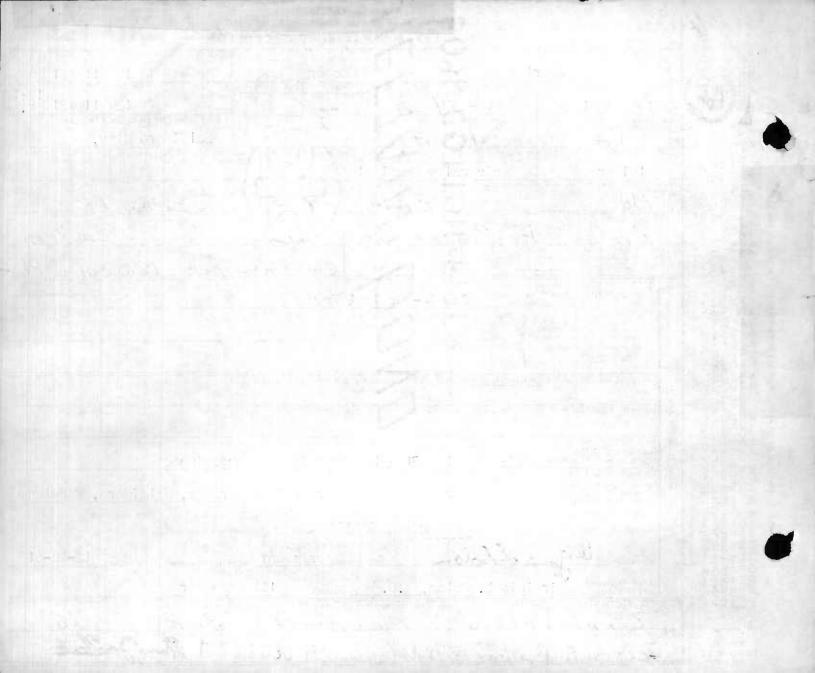
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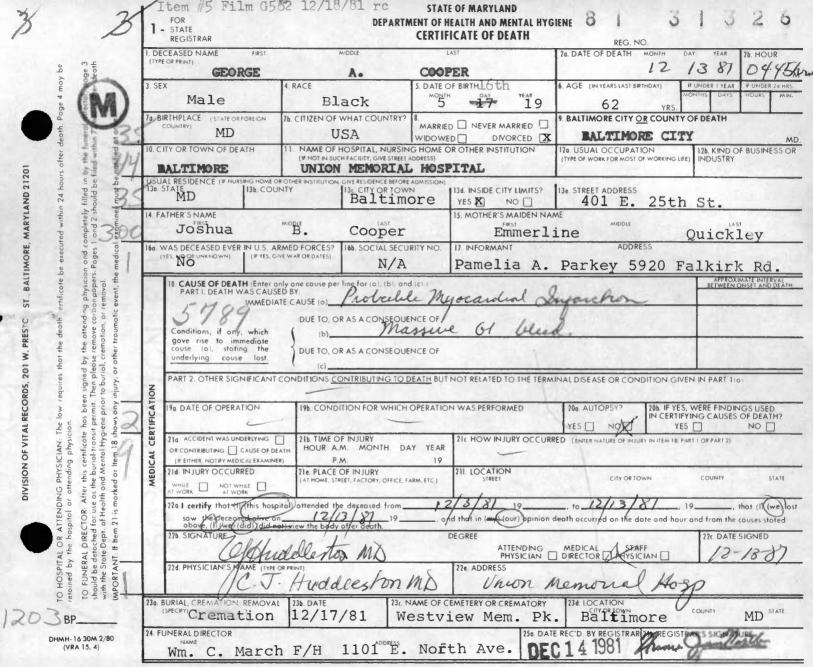
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWNXX 2a. DATE 26 HOUR (TYPE OR PRINT) OF ESTI-Charles DEATH MATED Cooper 11 19 81 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2:10 21. DATE LAST BIRTHDAY PRONOUNCED 1981 DEAD Black Male To. BIRTHPLACE (STATE OF CITIZEN OF WHAT 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED TO NEVER MARRIED Baltimore City WIDOWED DIVORCED 8. GIVE PAGES 1, 2, AND 3 TO THE FI WITH FORM PM 3. RETAIN PAGE 5 T. PAGES 1 AND 2 SHOULD BE FILED, DIVISION OF VITAL RECORDS, 201 W 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY University Hospita Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT TAL SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-Cervical Trauma IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D.) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, PAGE 4 SHOULD BE FORWARDED TO THE CHIE

TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE US
AFTER DEATH, WITH THE STATE DEPARTMENT OF
BALTMORE, MARYLAND, 21201 PRIOR TO RIDIAL YES X NO [21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR X.X. MONTH DAY UNDERLYING EXOR YEAR driver in auto/auto impact CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY If LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK street Hamburg Paca Streets, Baltimore. Autopsy 22a. I certify that I took charge of the remains described above, held on Inspection and in my apinian deoth resulted from: Accident XX Suicide Homicide Natural causes Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 12-12-81 SIGNATURE MEDICALEXAMINER EXAMINER'S NAME Virginia L. Dolan. M.D. III Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1754 REGISTRAR'S SIGNAFAIRE **DHMH-17** (VR A15 ME (5)) 15M 2/80

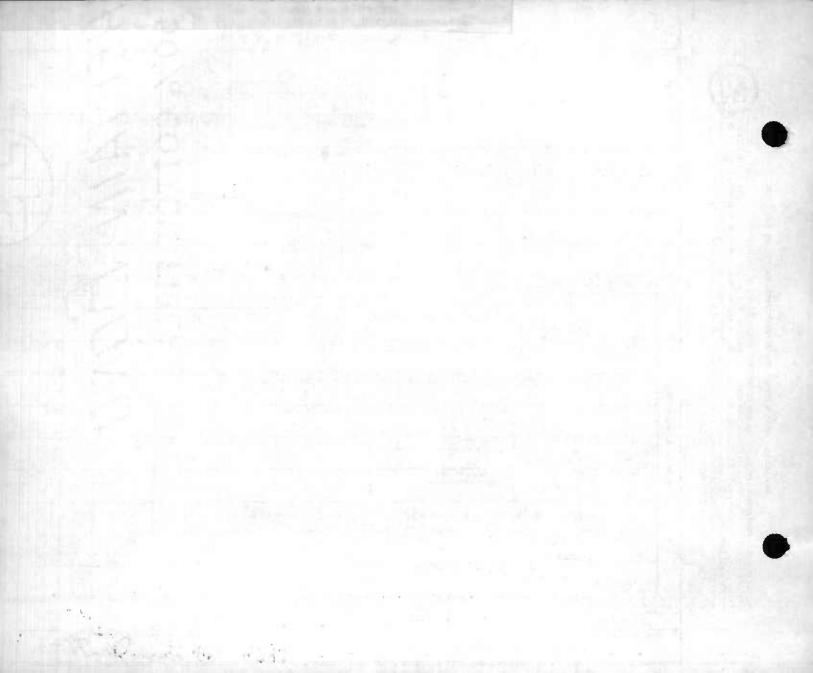




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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE KNOWN Bridget (TYPE OR PRINT) OF ESTI-Brigett E. Corbin DEATH MATED 8] 19 4. RACE 3. SEX IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE 81 LAST BIRTHDAY) PRONOUNCED 12 female black DEAD TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) NEVER MARRIED & USA MD Baltimore City WIDOWED DIVORCED ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION TYPE OF WORK 12b, KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore Provident Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13d. INSIDE CITY LIMITS? 134 STREET ADDRESS 5932 Charnwood Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wayne G. Corbin Eva Price R. MEDICAL EXAMINER ALONG WITH FORM AS A BURIAL-TRANSIT PERMIT. PAGES 1 A RALTH AND MENTAL HYGIENE, DIVISION OF CREMATION, OR REMOVAL. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166. SOCIAL SECURITY NO ADDRESS YES NO OR UNKNOWN No N/A George Eloise Corbin 5932 Charnwoo CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Sudden infant death syndrome DUE TO. OR AS A CONSEQUENCE OF Canditians, If any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A I CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? BURIAL, YES ... NOF PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION AT WORK ATTE STREET, FACTORY, FARM, ETC.) CITY OR TOWN 22a I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 12/6/81 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street Baltimore, MD. Guard M D 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 12/10/81 Baltimore Arbutus Mem. Pk. MD BP 24. FUNERAL DIRECTOR **DHMH-17** ADDRESS 1101 E. North Ave. C. March F/H (VR A15 ME (5)) 15M 2/80



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the busial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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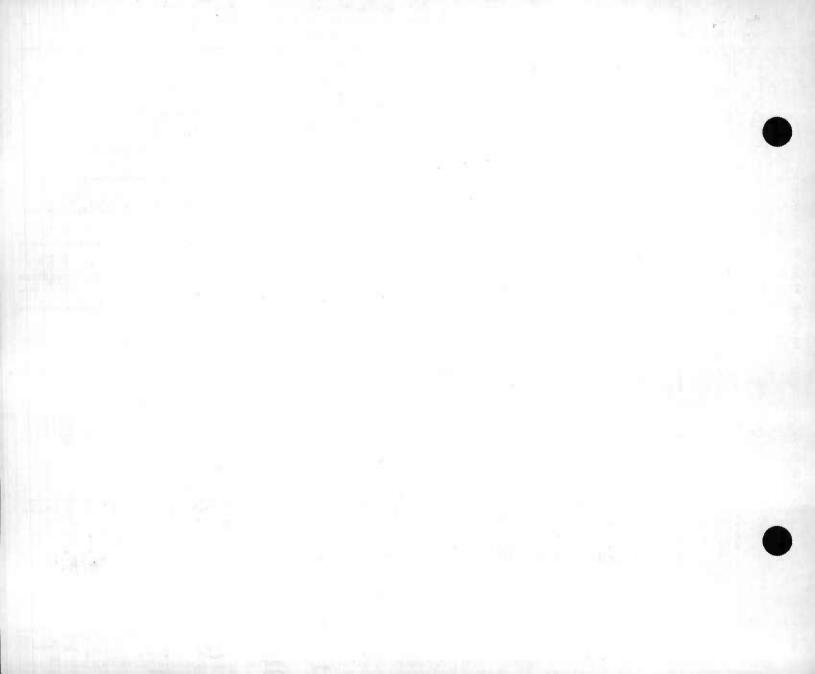
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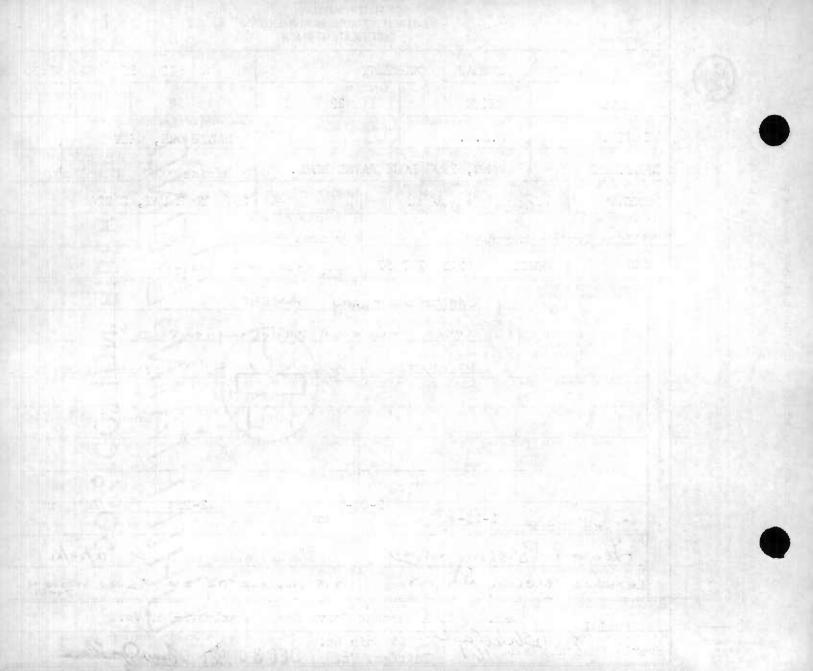


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Fairfax, Va.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF Gerard Darryl Couser DEATH MATED 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE 10 PRONOUNCED 1:20A DEAD black male BIRTHPLACE (STATE OR TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) Baltimore City USA MD DIVORCED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FrontLawn/2907 Garrison Blvd Baltimore JSUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONAL 13d INSIDE CITY LIMITS? 13e. STZ80PRERoslyn Avenue Baltimore MD 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Couser Mary Johnson Roosevelt 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT ADDRESS Roosevelt Couser 2801 Roslyn Ave. (YES, NO, OR UNKNOWN) LEIF YES GIVE WAR OR DATEST N/A No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Weapon: Shotgun Shotgun wound of neck IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF iff ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 3 SHOULD BE USED TATE DEPARTMENT OF HE 21201 PRIOR TO BURIAL. YES TX 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR subject shot CONTRIBUTING CAUSE OF DEATH 214. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) 2904 Garrison BlVd, TOWN Baltimore, MD STATE house AT WORK 220 I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my apinion PAGE 4 SHOULD BE F
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BALTIMORE, MARYLAN XX Undetermined monner 12/5/81 DATE SIGNATURE M.D. Accistant MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 111Penn Street, Balto., MD 21201 Hormez R. Guard MD. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore MI 12/10/81 King Mem. Park Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1101 E. North Ave. C. March F/H VR A15 ME (5) 15M 2/80



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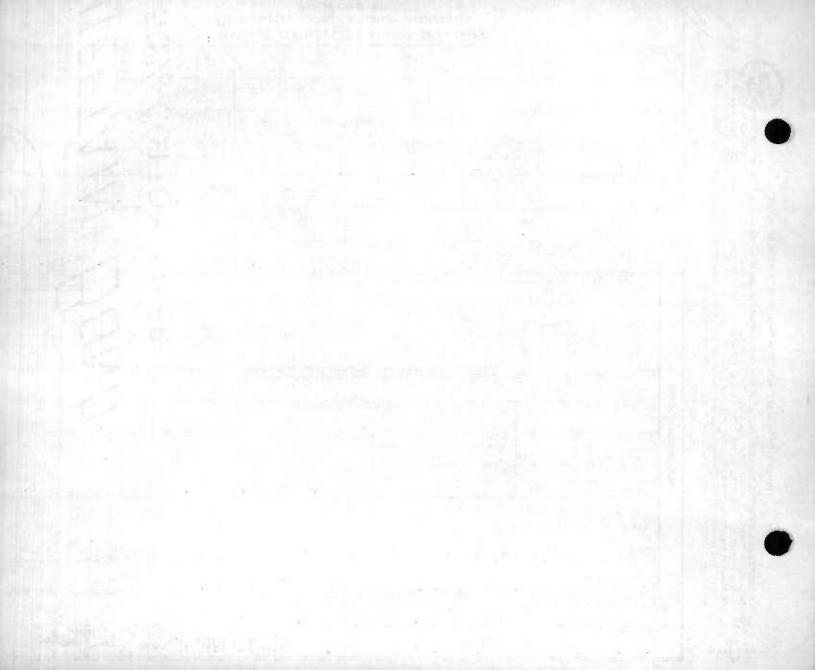
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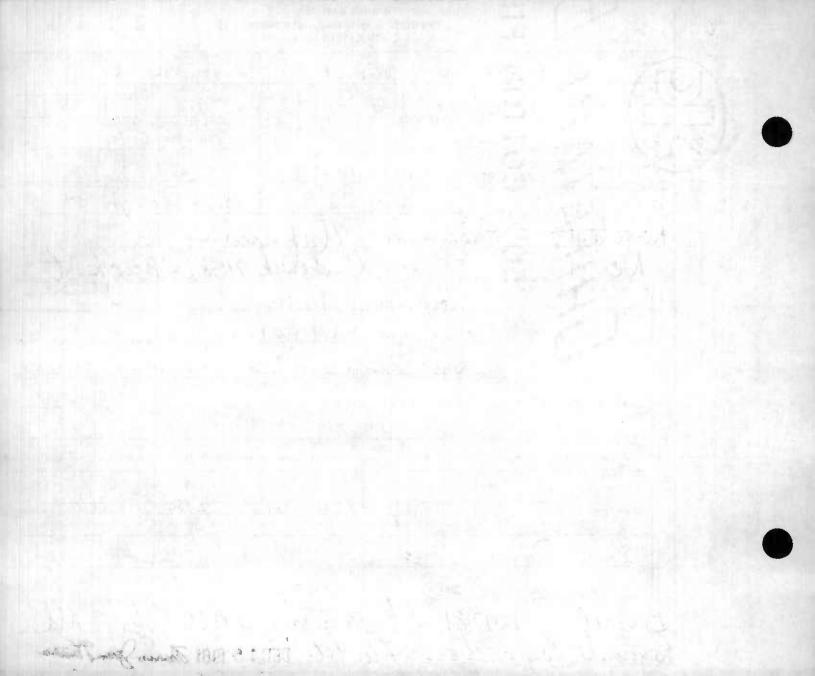
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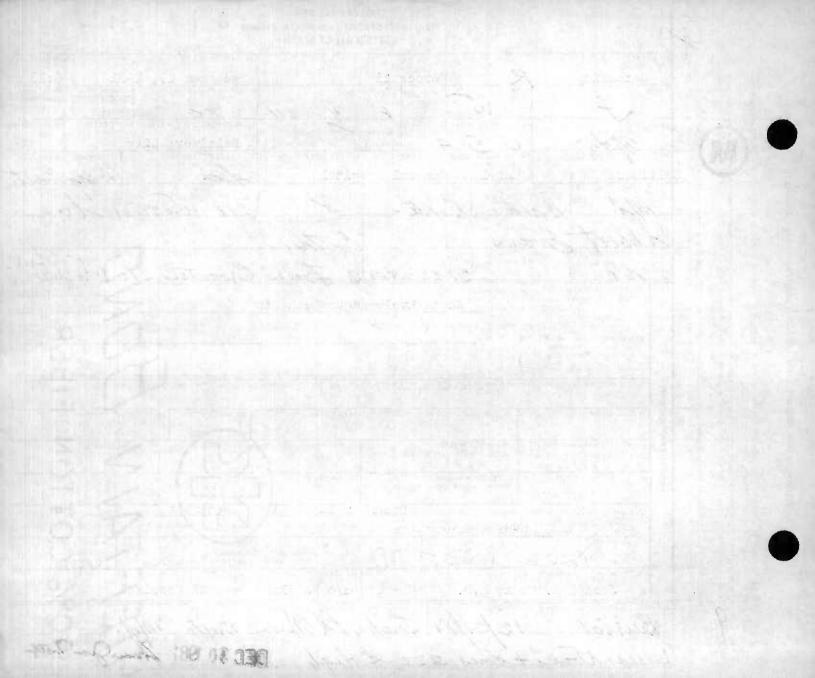
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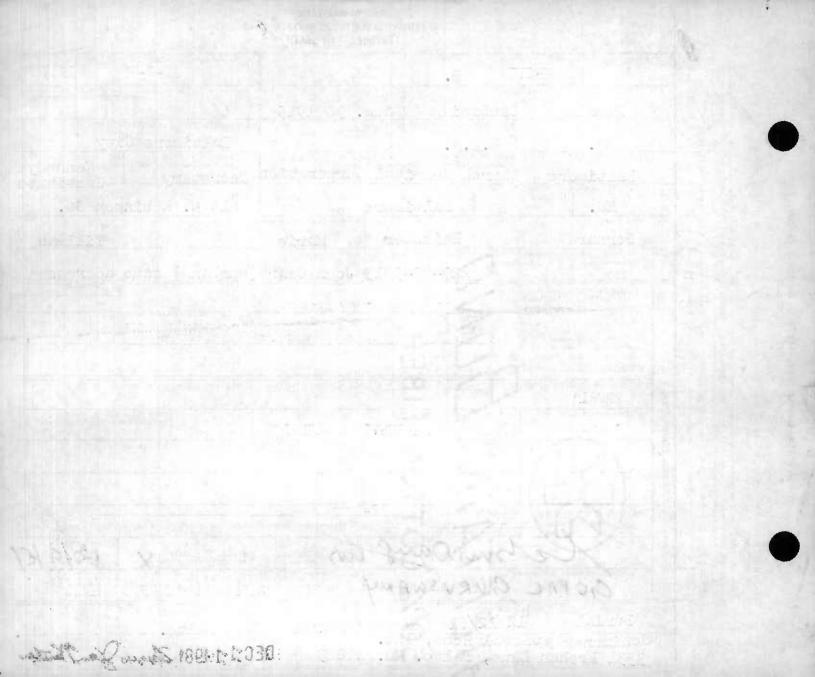
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	RE THIS CERTIFICATE THE WRITING THE W REWARDED TO THE RE PAGE 3 SHOULD B E STATE DEPARTMENT D E STATE D E		AT WORK	AI W	ORK	`	gc	ii age		1.		טוככ	51.,	Datio	•				ing.
	A S S S S S		22a. I certif	y that I	taak charg	e of the re	mains des			an Aut	apsy LXI,	Inspectio	in .	Inquiry	ال. ر	and in my	apınian		
	EXAMINES CERTIFICA JID BE FO DIRECTOR WITH THE		death resulte	ed fram:	Natur	al causes	-	Accident	IXI,	Suicide L	」, Ha	micide	Undet	ermined ma	nner				
	₩		ACTUAL		/h	11	121	N	~			(SPECIFY)	. +			DAT	F 10	-29-8	1
	SHE SHE		SIGNATURE.	-	HV	V	Y	7			M.D	ssistar	MED	ICAL EXAM	INER	SIGI	NED 12	-29-0	
	MEDICAL EXAMINER: T CUTE THE CERTIFICATE, SE 4 SHOULD BE FORM FUNERAL DIRECTOR: P TER DEATH, WITH THE ST JIMORE, MARYLAND[2		EXAMINER'S		A	. 14	Diva		D			111	Dans	C+					
- 10-3	TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMO	22 0	(TYPE OR PRI				Dixor			AF LEVE	_ADDRES			St.					
09		23a.B	URIAL, CREMA				0.0			CEMETER				OCATION	ALE:		YTAUC		TE
	BP	74 F	JNERAL DIREC	ial		/2/	82		it.	Aubur	n Ce			REGISTRA			SIGNA	MI	
	DHMH - 17		NAME		ch I	7/11	ADDRESS	1 12	Mo	rth A		DEC		1981	2	near	ean	Varthe	n
	(VR A15 ME (5))	LYV	m. C.	ndl	. CII I	/口	TIO	T L.	• 14O	L LII F	ve.	DE	00	1901	4100	0	-		



U	1.	- STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.
er deoth		CEASED NAME FIRST	ephie m	Crist	20 DATE OF DEATH MONTH DAY YEAR 28. HOUR
affer	3. SE	Female	white	S. DATE OF BIRTH MONTH DAY YEAR 4 /5 0 2	6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 14 EAR IF UNDER 24 HRS
N97	6	IRTHPLACE ISTATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NUMBER OF DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Balto City M
38	(Su to City	University of	naryland	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
should be	130	AL RESIDENCE IF NURSING HOME OR STATE Mary Cand MHER'S NAME	The little of the second	NOTE YES NO (1)	To STREET ADDRESS Gough St.
3030	K		MED FORCES? 166 SOCIAL SECU	ki 15. MOZHER'S MAIDEN NA/ FIRST MEN	ADDRESS ADDRESS
the medical		YES OO LUKNOWN) (IF YES, GIV	E WAR OR DATES) ZIS-18	-3292 C. Scincek	7158 Houghst
bonpope removol		PART I. DEATH WAS CAUSE		retory Arrest	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
mave cor nation, or fraumati		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	11 / 67	are
please re irial, cren		couse to stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	middle/lower lo	be preumitherer 2 weeks
nt. Then in injury.	ATION	Metasta 190, DATE OF OPERATION	tic Adenoca	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED.	INAL DISEASE OR CONDITION GIVEN IN PART TO
ygiene pri	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		YES NO SERVICE NATURE OF INJURY IN ITEM 18 PART 1 OF PART 2)
burial-trai	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR 19 21f. LOCATION	KED (ENTER NATURE OF INJURY IN HEM 18 PART I OR PART 2)
olth and marked o	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F		to 17-114 19 81 that (I) (we) fail
ppt. af He rem 21 is		sow the deceased alive on	/	01	death occurred on the date and hour and from the couses stated
old be detact the State De ORTANT: If H		22d. PHYSICIAN'S NAME (TYPE)	long a My	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN [] 12/14/8/
should by with the	23a 8	Kevin V	Joyle MD	University	19 Hospital
50M 1/81	141	DUTION ,	12.17.81	t Stanislaus	E REC D. BY REGISTRAN 236 REGISTAN SIGNATURE
15, 4)	Ka	musued J. Haces	woush 2525	Flexett. DEC	1 5 1981 There



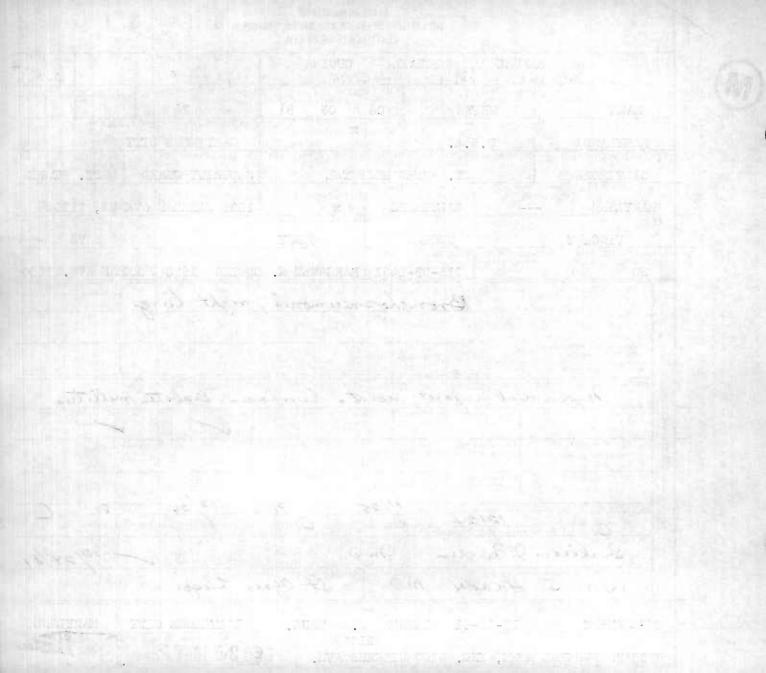




1	1-	STATE REGISTRAR		DEPART		ICATE OF D	EATH	IENE V	REG. NO.	0		, To	
		CEASED NAME FIRS	SAMUEL	MICHA:	ELo	CUCINA	A	20. DATE OF	DEATH MO	I DI	AY YEAR	6,53 M	
	3. SE	X	4 RACE		S. DATE C			6 AGE (IN YE	ARS LAST BIRTHD	_	IF UNDER I YEAR	IF UNDER 24 HRS	
	9	MALE	WH	ITE	06	08	07	74 ves		YRS.	ONIHS DATS	HOURS MIN.	
5		RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND		WHAT COUNTRY?		NEVER M		9 BALTIMORE CITY OR COUNTY OF DEATH					
1	10 CI	ITY OR TOWN OF DEATH				WIDOWED DIVORCED DIVORCED DIVORCED			BALTIMORE CITY 120 USUAL OCCUPATION 120 KIND OF BUSINESS				
C		BALTIMORE		ST. AGNE	S HOS	PITAL		SECURITY GUARD INDUSTRY DEPT. STORE					
35	13a. S	AL RESIDENCE (IF NURSING HO STATE 13b. C	ME OR OTHER INSTITUTION COUNTY	136 CITY OR TOW BALTIMO	ITY OR TOWN 13d. INSIDE CITY LIMITS?			13e STREET A		N AVE	ENUE, 2	1230	
	14 FA	ATHER'S NAME	77.13			15. MOTHER'S							
C		VINCENT	WIDDLE	CUCINA			ENNY		MIDDLE		FAV		
1		VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMAN	VT.	200	ADDRESS	72			
1		NO		215-03-	2461	MARGAR	ET E.	CUCINA	1628	PARK		E.21230	
	ATION	Conditions, if ony, whice gove rise to immediate cause io), stating the underlying cause los	h (b)	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E Marct	ENCE OF	NOT RELATED	TO THE TERM	IN AL DISEASE		ION GIVE	N IN PART THE		
1	IFICAT	190 DATE OF OPERATION	19b COND	ITIEN FOR WHICH OPERATION WAS PERFORMED				200 AUTO	II		WERE FINDING CAUSES		
	MEDICAL CERTIFIC	LONGOVERNICE CONTROL HOUR AM MONTH DAY YEAR I								NITEM 18 PAI	COUNTY	STATE that (I) (we) lost	
1		226. SIGNATURE SILLEA 226. PHYSICIAN'S NAME (1)	m 2 9/4	chen	On		-	MEDICAL DIRECTOR [STAFF PHYSICIAL	40	22c. DATE	24/8/	
	- (SURIAL, CREMATION, REMO SPECIFY) NTOMBMENT	23b. DATE 12-28			EMETERY OR CE		23d LOCATED BALT	TION DR TOWN IMORE	CITY	COUNTY MAT	RYLAND	

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE 250. DATE REC'D BY REGISTRAR 256. REGISTRAR DEC 28 1981



#23b, FilmG562 12/15/81 kam

Salara i i intermenta i gari de 1896 fingi EAST BUTTON OF STATE OF THE STA ALLISAN CELLA Marie and the market of the state of the sta Ar executed the Veneral Section of the Control DECIA PER Runga Sert

3	FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENES MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							
25 S. S. F.	1. DECEASED NA (TYPE OR PRINT)	ME FIRST	c.	WIDDLE	Cummino	as i	DATE KNOWN X OF ESTI- DEATH MATED		7 198 I	26 HOUR	
IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR DIES. SHOULD BE FILED, WITHIN 72 HOURS AL RECORDS, 201 W. PRESTON STREET,	Female	4. RACE White		1945 35 YRS.	IF UNDER 1 YR. IF	HOURS MIN. PRO	DATE DNOUNCED DEAD	12	7 181	2d. HOUF 9:55	
NECESS S FOR WITHIR	P. BIRTHPLACE FOREIGN COUNTR Mary La	nd	U.S.A.	w		DIVORCED 🔀	Baltimore city o	City,	OF DEATH	MD	
ELAY IS TO THE PAGE BE FILED	Baltimo	re	garage,		Ramblewoo	FOR MOS	OCCUPATION (TYP OF WORKING LIFE) Secretary	PE OF WORK 12b	OR INDUSTR		
MD. 21201 H. IF ANY D 1, 2, AND 3 2, SHOULD MAL REGORE	USUAL RESIDENCE STATE Mary lan	E (IF IN NURSING HOME d 136 COLL	E OR OTHER INSTITUTION, GIV NIY	eresidence before admission) 1.º CITY OR TOWN Baltimore	13d. INSIDE CITY YES 🛣	LIMITS? 13e. STREET 2006	ADDRESS Ramblewoo	od Rđ.		2d. HOUR 9:55 M MD INTERVAL NO M STATE Md TE	
E T Y S	14. FATHER'S NAME WILL	am	S. S.	Coppage, Sr.	Emma		Virginia		Tydings		
BALTIMORE, URS AFTER DEAT B. GIVE PAGES T. PAGES I AND DIVISION OF MA	168. WAS DECEA!	SED EVER IN U.S. A.	RMED FORCES?	215-42-6544		on Coppage	ADDRESS 156 Wil		ane		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. ROED TO THE CHIEF MEDICAL EXAMINER ALONG W R. 3 SHOULD BE USED AS A BURIAL - REANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D RIOR TO BURIAL, CREMATION, OR REMOVAL.	Canditi gave cause lying c	ions, it any, which rise to immediate (a) stating the under ause last.	ATE CAUSE (o) ACU DUE TO, OR A (b) DUE TO, OR A (c)	TE CATON MOI AS A CONSEQUENCE OF AS A CONSEQUENCE OF						VEAR 24. HOUR 9:55 MDEATH MD OF BUSINESS RINDUSTRY LAST dings PPROXIMATE INTERVAL WEEN ONSET AND DEATH AUTOPSY? YES NO STATE City, Md.	
N OF VITAL REC CATE SHOULD B HE WORD "PEN THE CHIEF ME VUID BE USED AS TIMENT OF HEAR	21a EXTERI	OF OPERATION	21b. TIME OF			ED?	IRE OF INJURY IN ITEM 18		YES [
DIVISION OF VI WER: THIS CERTIFICATE SI CATE, WRITING THE WO FORWARDED TO THE C OR, PAGE 3 SHOULD BE HE SITATE DEPARTIMENT (ND, 21201 PRIOR TO BU	UNDERLYIN CONTRIBU 21d. INJURY WHILE AT WORK	NG OR TING CAUSE OF OCCURRED NOT WHILE AT WORK	P DEATH ? XXXX 21e PLACE O STREET, FACTO	OF INJURY (AT HOME, ORY, FARM, ETC.)	If. LOCATION STREET	exhaust fu 105 Ramble	TY OR TOWN	COUNT			
THE CERTIFICATE HE CERTIFICATE HOULD BE FOR ALL DIRECTOR: XIH, WITH THE SE, KE, MARYLAND,	ACTUAL SIGNATUR	E	rge of the remains descripted causes	Acciden . Avicida		Undeterm	L EXAMINER	SIGNED_	12/7/8	1	
TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE/ BALTIMO!	(TYPE OR P	RINT)	as D. Smit	h, M.D.	ADDRESSERY OR CREMATOR	III Penn	TION	to., ME		A TE	
2758BP DHMH-17 (VR A15 ME (5))	ISPECIED C'EM	ECTOR	12-11-81 Ruck, Inc.	Greenmoun Baltimore,	25a	DATE REC'D. BY RE	GISTRAR 256 REGI	ISTRAP'S SIGN			

	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	HENE 8	3	1345
		CEASED NAME FIRST	REEI	MIDDLE C		INS	20. DATE OF DEATH	MONTH DA	20 HOOK
	3. SE	x	4 RACE		5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIE	UNDER LYEAR IF UNDER 24 HRS	
		MALE	WHI	HITE JUNI			74	YRS	ONTHS DAYS HOURS MIN.
0		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C	F DEATH
		SH. CO., PENNA	U.S.		WIDOWI		61	TY /3	DIYO MD.
1	5	ALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSING HOME OR OTHER INSTITUTION CHEACILITY, GIVE STREET ADDRESS) VURSING HOME BOILER MAK				F WORKING (IFE)	126. KIND OF BUSINESS OR INDUSTRY COMBUSTION
1	13a. S	AL RESIDENCE (IF NURSING HOME) STATE RYLAND BAL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13. CITY OR TOWN DUNDALK	ADMISSION)	13d INSIDE CITY LIMITS?	9 ADMIRAL		21222
1 1	14 FA	SHERMAN	MIDDLE	CUMMINS		15. MOTHER'S MAIDEN NA/	WE		UNKNOWN
		VAS DECEASED EVER IN U.S. A (IF YES, C	RMED FORCES?	178.09.		17. INFORMANT WILL	IAM H. ROVE	CAMP,	ESQ.
		PART I. DEATH WAS CAUSE PART I. DEATH WAS CAUSE MMEDI. Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last.	DUE TO, O		RES NCE OF	insa	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	CERTIFICATION	PART 2 OTHER SIGNIFICANT PO PO N 190 DATE OF OPERATION	DYLITI	3, COR	D.	NOT RELATED TO THE TERM COMPRESSION N WAS PERFORMED	INAL DISEASE OR CON ON NEURO 200 AUTOPSY?	6-EN 10	. 0
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING () CAUSE OF D	216. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	YES NO	YES	NO DI I OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE	.M. 19			CITY OR TO	wN	COUNTY STATE
ı		AT WORK AT WORK			N 02				
		22a.1 certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did	12	lice 10 5	. 01	nd that in (my) (our) r opinion o	to todeath occurred an the do		nd from the causes stated
		22b. SIGNATURE	202B 00	relian	me)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		13 Date SIGNED
		226. PHYSICIAN'S NAME (TYPE	ORPRINT) AOHA	MMD		22e ADDRESS			

23c. NAME OF CEMETERY OR CREMATORY

OAK LAWN CEMETERY

236. LOCATION
CITY OF TOWN
BALTIMORE

MARYLAND

COUNTY

281981 CANCES

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shows ony

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL

24 FUNERAL DIRECTOR

23b DATE

12/26/1981

WALTER BROOKS BRADLEY, INC., DUNDALK, MD. 21222

Charles and a second a second and a second a TO THE REPORT OF THE PARTY AND THE

the burial-transit permit. Then and Mental Hygiene prior to be

TO FUNERAL DIRECTOR: After the should be detoched for use as the with the State Dept. of Health and IMPORTANT: If them 21 is marked

	STATE OF MAKE
OR	DEPARTMENT OF HEALTH AN
TATE	CERTIFICATE OF
FGISTRAR	CERTIFICATE OF

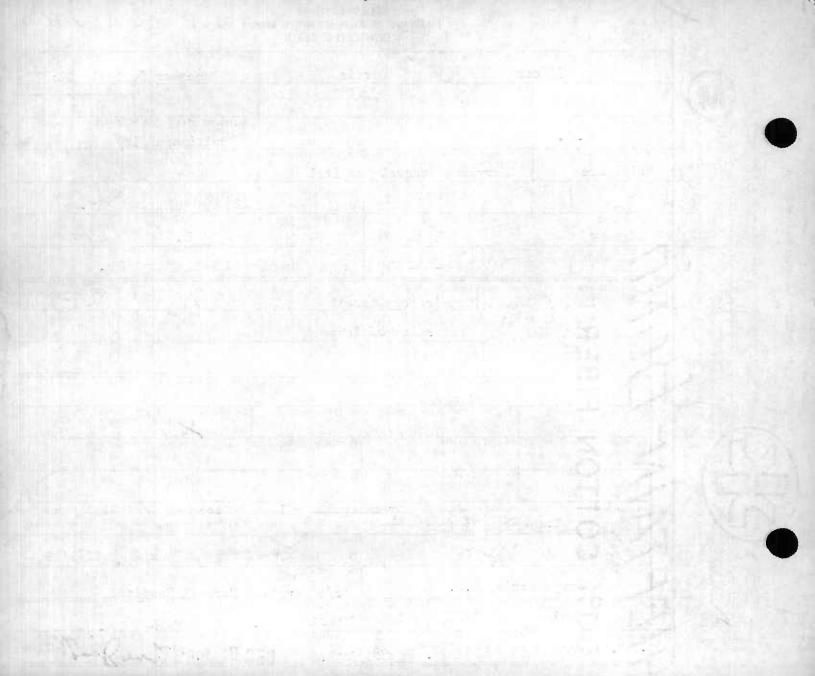
STATE OF MARYLAND D MENTAL HYGIE

NE	8	1	3	1	3	4	6
		REG. NO.					

	REGISTRAR			CEKITF	CATE OF DE	AIH		REG. NO				
	CEASED NAME FIRST		WIDDLE	LA	AST		2a. DATE O			DAY YEAR	2b HOUR	
LIABE	Will Will	ean		Cur	tis	100	Т	ecembe	er 5	1981	12:37P M	
3 SEX	(4 RACE		5. DATE O	F BIRTH		-	YEARS LAST BIRTH	(DAY)	IF UNDER 1 YEAR		
	Female	Bl	ack	12	T '1	37	4	43	YRS	MONTHS DATS	HOURS MIN.	
	RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8 MADDIET	□ NEVER MA	A P P I F D	9 BALTIMORE CITY OR COUNTY OF DEATH					
	S.C.		USA	WIDOWE	DIVO	ORCED	Baltimore City					
	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTIT	UTION	120 USUAL	OCCUPATION FOR MOST OF	N	126 KIND C	OF BUSINESS OR	
	Baltimore	Mary	land Gene	ral H	ospital		1111201 1101	ar ok moor or		INDOSTRT		
13a S	AL RESIDENCE (IF NURSING HOME TATE 13b CO		13d. CITY OR TOWN 13d. INSIDE CITY LIMITS? 18d. INSIDE CITY LIMITS? YES X NO				13e. STREET 111	address O Wha	tco	at St.		
14 FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM				MIDDLE				
	Steward	Middle	Hill					L.		Pag	ie	
	VAS DECEASED EVER IN U.S.	ARMED FORCES?						ADDRES				
- 17	(IF YES.	DIVE WAR OR DATES)	248-62-	4305	Lena M	Monro	nroe 613 Linnard St.					
	18. CAUSE OF DEATH (Enter	only one couse pe	r line far (a), (b), ani	d (c1,)						APPROX BETWEEN	ONSET AND DEATH	
-6	PART I. DEATH WAS CAU	SED BY: ATE CAUSE (0)	Respirato	ory Ar	rest						12 hours	
	4939					11:71.7						
	Conditions, if any, which	(b)_	Status As	sthmat	icus							
	gove rise to immediate couse (a), stating the	DUE TO C	R AS A CONSEQUE	NCE OF								
	underlying couse lost	(c)_										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1											
NOL	Diabetes											
CERTIFICATION	19a. DATE OF OPERATION			ON FOR WHICH OPERATION WAS PERFORMED				OPSY?	20b. IF YES	YING CAUSES	OF DEATH?	
ERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME C	DE INTITION		121. HOW INTE	IDV OCCUPD	YES 🗌	NOS	YE		NO 🗍	
-	OR CONTRIBUTING CAUSE OF		M. MONTH DA	AY YEAR	21c. HOW INJU	JRT OCCURR	ED (ENTER NA	ATURE OF INJURY	IN ITEM 18 P	PART T OR PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIT		.M.	19	AN LOCATION	1						
MEC	WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET			CITY OR TOW	4	COUNTY	STATE	
	220.1 certify that x (this has	pital) attended th	ne decepsed from_	Novemb	per 30	1981	_, to_De	cember	5	19.81	that X (we) last	
E	sow the deceased alive	Xot) view the body	after depth.	81 one	d that in (n) (a	ur) opinion d	eoth occurre	d on the dot	e and hou	r ond from the	couses stoted	
14	776 SIGNATURE	, 6//		D	EGREE					22c. DATE		
	Story 11	1- How	ns	M.	J. PF	IYSICIAN [MEDICAL DIRECTOR	PHYSICIA		12/	5/81	
	274 PHYSICIANS NAME (TYP				22e ADDRESS							
	Harry	Harris,	M.D.	1	c/o 1	Marylan	nd Gen	eral H	ospi	tal_		
	URIAL, CREMATION, REMOV				METERY OR CR	EMATORY	23d LOCA			COUNTY	STATE	
	SPECIFY) Burial	12/10	J/ BI K	Ing N	Jemori -	7 D1-	-			COUNTY	31811	

DHMH - 16 50M 1/B1 (VRA 15, 4)

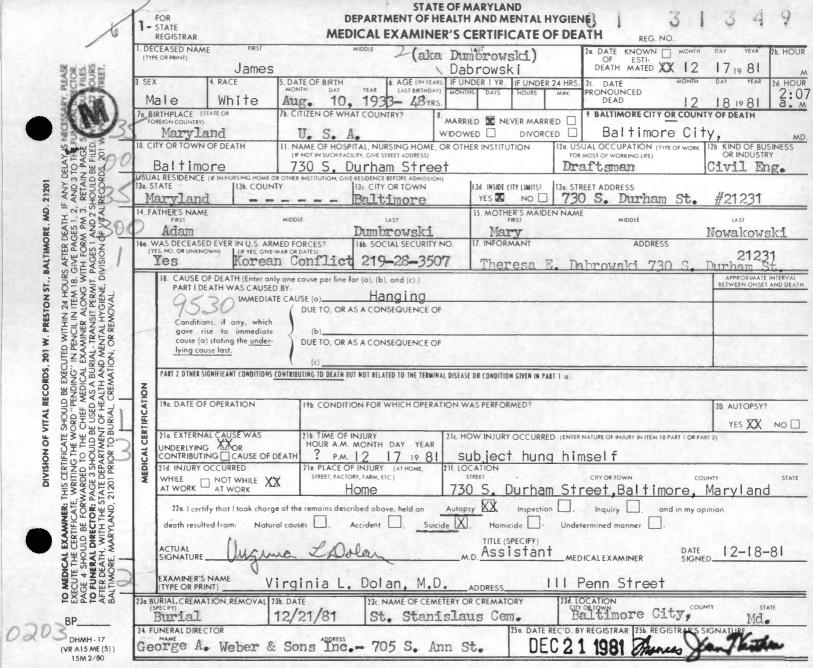
24 FUNERAL DIRECTOR
Wm. NaC. March F/H 1101 E. North Ave. 250. DATE REC'D. BY REGISTRAN 25b. REGISTRAN STONATURE MD



(17-15-3) T. CV.STIE (8-34-1) MALE BLACK 1 1 1911 70

A	1.	FOR STATE REGISTRAR			IT OF HEA	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE B REG. No.	3	13	4 8
/ .		CEASED NAME FIRST	MIDDLE		LAS	T			AY YEAR	2b. HOUR_
e 0 4	(TYPE	OR PRINT)	TIE F.	D'AN	IDRE	A	ber	. 18	1981	4 21
you gat	3 SE:		4. RACE		DATE OF		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
9 (M)	35	Female	White	3	Jan.	23, 1905	76	YRS	ONTHS DAYS	HOURS MIN.
9		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY? 8		NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
de or h		Virginia	USA		IDOWED		. Baltimo	ore C	itv	MD.
os ofter o	10 Ç	TY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCH FACI	PITAL, NURSING F ILITY, GIVE STREET ADDI Memor	RESS1	other Institution lospital	120 USUAL OCCUPATION OF OF WORK FOR MOST OF OPERATOR	F WORKING LIFE	INDUSTRY	ephone
AND 212	13a. S	AL RESIDENCE (IF NURSING HOME OI TATE 136 COUL aryland	NTY 13c. (RESIDENCE BEFORE ADA CITY OR TOWN Baltimor	e l'	3d. INSIDE CITY LIMITS? YES 💢 NO 🗌	13e. STREET ADDRESS 3604 Kim	nble F	Road	
RYL.	14. FA	THER'S NAME FIRST	MIDDLE	LAST	1	5. MOTHER'S MAIDEN NA	WE		LAST	Y
MA Hed		William	G. Sir	nmons		Lillian			Elder	
MORE,		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	SOCIAL SECURITY		7 INFORMANT	ADDRE	SS		
TIMO on a S. Pa		No	21	3 14 92	30	Philip D'A	Andrea		Same	MATE INTERVAL DISET AND DEATH
ires that the death certifies that the attending property of the ottending property or remotion, or remotion, or remotion, or or rey, or other traumatic every.		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(c)	A CONSEQUENC	E OF	ANEURY OT RELATED TO THE TERA	'SM -RIONO	PERAIS	ue/	yr
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir r attending physicion. After this certificate has been sign as the buriol-transit permit. Then th and Mental Hygiene prior tab orked or them 18 shows any injury	CERTIFICATION	19a. Date of operation	196 CONDITION	FOR WHICH OP	ERATION	WAS PERFORMED	20a. AUTOPSY? YES □ NO 【	20b. IF YES, IN CERTIFY YES	WERE FINDIN	NGS USED OF DEATH? NO
A OF VITA SICIAN: T ag physici certificate riol-transit ental Hygi	-	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.		YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18 PA	RT I OR PART 2)	
NG PHYS ottendin frer this oas the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, FA	JURY ACTORY, OFFICE, FARM,	ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
ATTENDIA sported or iCTOR: A d for use n 21 is mc		22a. I certify that (1) (this hasp sow the deceased alive on did no	12-1	8 10 8		that in (my) (our) opinion	death occurred on the do	ote and hour	and from the c	
TAL OR RAL DIRE detaches tate Dept		Huis	R.S	llos	MD	GREE ATTENDING PHYSICIAN [MEDICAL STAI	F IAN Q	121 DATE S	SIGNED
TO FUNE should be with the Si MPORTAN		Alvin R	5.115	MD			morial He	5p, 1	Balto,	Mal
403		URIAL, CREMATION, REMOVAL				METERY OR CREMATORY	23d. LOCATION	0-	COUNTY	STATE
703 BP		ntombment JNERAL DIRECTOR HA	12/21/8		arkw			CO.,		Nd.
DHMH-16 30M 2/80 (VRA 15, 4)		1 4747746	nry W. J	HOUNESS		1 116	TE REC'D. BY REGISTRAR	ZSI REGISTR	O 2	ATT.
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	FOR 1 - STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	HYGIENE 8 1 REG. NO.	3 1 3 5 2
m 5	1 DECEASED NAME FIRST (TYPE OR PRINT)	MIDOLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
y be	MABEL		DARE	DECEMBER	
e of	3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
96 P	FEWALE	NEGRO	AUGUST 5. 1899	82 YRS	
A 20 40	To. BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
de de de	MARYLAND	US of A	WIDOWED DIVORCED	BALTIMORE C	ITY MD
111 1	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR LIFE) INDUSTRY
103	BALTIMORE	GREATER PENN.			DOMESTIC
BALTIMORE, MARYLAND 21201 cate be executed within 24 hours anysicion and completely filled in byogers. Pages 1 and 2 shauld be 11 wool. not, the medical examine must be entitled to the medical examine must be entitled.	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136. COULT	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN BALTIMO	N 13d. INSIDE CITY LIMITS	? 13e STREET ADDRESS	WOODYEAR STREET
MARYL d withing and 2 sh	14 FATHER'S NAME FIRST THOMAS	MIDDLE CARTE	R SUSAN	MIDDLE	GATONER
RE, A	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU		ADDRESS	STATE OF THE PARTY
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T., B	PART I. DEATH WAS CAUSE	ED BY:	rawe Cardia	e Disease	yrs,
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The law requires that the death certification of the adming physician. When this certificate has been signed by the attending ploss the buriol-tronsit permit. Then please remove corbang the and Mental Hygiene prior to buriol, cremotion, or remained or them 18 shows any injury, at other traumotic even	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEST	tipo they	ordision	grs:
RDS, 20 equires a signed Then ple r to buriquity, a injury, a		CONDITIONS CONTRIBUTING TO	DEATH INT NOT RELATED THE TE	ERMINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
AL RECO	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH YES NO
YSICIAN: TI	OR CONTRIBUTING CALICE OF DE	ATH HOUR A.M. MONTH D	AY YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
HYS ndin his c e bur d Me	IF EITHER, NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
JVIS JG F offe strict hon rkee	AT WORK AT WORK	(**************************************		0 42 02	01
TTENDIN pritol or TOR: Al far use of Healt		ital) attended the deceased from	old that i (my (our) opini	ion death occurred on the date and hi	ur and from the couses stated
At OR A the hos At DIRECTACHED STE Dept.	22b. SIGNATURE	J. Ays	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	12-12-81
O HOSPIT. TO FUNER should be a with the Str	22d. PHYSICIAN'S NAME (TYPE O	PRINTI F. TYSE	1 120 ADDRESS BAL	36 W. NOR	21217
0 € 0 4 ¥ ¥	230 BURIAL, CREMATION, REMOVAL	23b DATE 23c.1	NAME OF CEMETERY OR CREMATOR	RY 23d. LOCATION	COUNTY STATE
50 BP	(SPECIFY) BURIAL	12/16/81 WE	STVIEWMEMORIAL P.		(BALTO.) MD.
DHMH - 16 50M 7/77	24. FUNERAL DIRECTOR	ADDRESS	25a. C	DATE REC'D. BY REGISTRAR 256. DEGI	STRAR'S SIGNATURE
(VR A 15 (4))	LEWDS T. GWYN		GHTS AVENUE	DEC 1 9 1981 Ma	our fantleston

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Carlotte Total			
. Buffield (akiro.) in.			
	SQ EVANVA STROCTS		

ADDRESS

Wm. C. March F/H, Inc. 1101 E. North Avenue

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

126 KIND OF BUSINESS OR

Evans

APPROXIMATE INTERVAL

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IF UNDER 24 HRS

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20 DATE OF DEATH MONTH

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DECEASED NAME

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80

(VRA 15, 4)

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IMPORTANT: If them 21 is marked or them 18 shows ony injury, or ather troumatic event, the medical exam

STATE OF MARYLAND

*	1.	FOR STATE REGISTRAR	37.	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	3	1 3	5 4
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25	13a. S	AL RESIDENCE (IF NURS NO COUNTY OF THE COUNT	OTHER INSTITUTION.	BALTI		13d INSIDE CITY LIMITS?	7031 CONCO	RD RD.	#2	21208
36	14. FA	THER'S NAME RICHARD	MIDDLE DAVID			JÖHANNE	AE MIDDLE		GOLDM	ÅΝ
2	160 V	VAS DECEASED EVER IN U.S. AR TESO OR UNKNOWN) KOREZ	MED FORCES?	166 SOCIAL S 215-28		17. INFORMANT MRS 7031 CONCORT	S, INGE ĎAVŠÍĎ D RD. BALTO. MD 2120			1208
<u> </u>	CERTIFICATION	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA: Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (CONTINUED CONTINUED	D BY: E CAUSE (0) DUE TO, OF (b) DUE TO, OF (c) CONDITIONS CC	R AS A CONSE R AS A CONSE DITRIBUTING	QUENCE OF	COLLING OF THE TERM	200 AUTORSY	20b. IF YES, IN CERTIFY	N IN PART 1 100 WERE FINDIN ING CAUSES	GS USED OF DEATH?
9	MEDICAL CERT	218. ACCIOENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK Sow the decease of olive on above (1) (we) (did (did no 22b. SIGN AT URE	21e PLACE ((AT HOME, STR	M. MONTH M. DF INJURY EET, FACTORY, OFF	19 FICE FARM, ETC.)	21t. HOW INJURY OCCURR 21t. LOCATION STREET 21t to the time (my) (aur) opinion of the time (my) (aur) opinion opinio	CHY ON EQ	2 L 1	COUNTY	
1 22d BAYSKIAN'S NAME (TYPE OFFRINT) ON ALD OHON 220 ADDRESS (CUST CASTERN PA)										208
VI		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	DEC. 13			EMETERY OR CREMATORY AHAVAS CHESEI			coußALT(
	24. FU	INERAL DIRECTOR SOL L	EVINSON	& BROS	, INC.	25a. DATE	REC'D. BY REGISTRAR	256 SEGISTR	AR'S SIGNAT	DE THE

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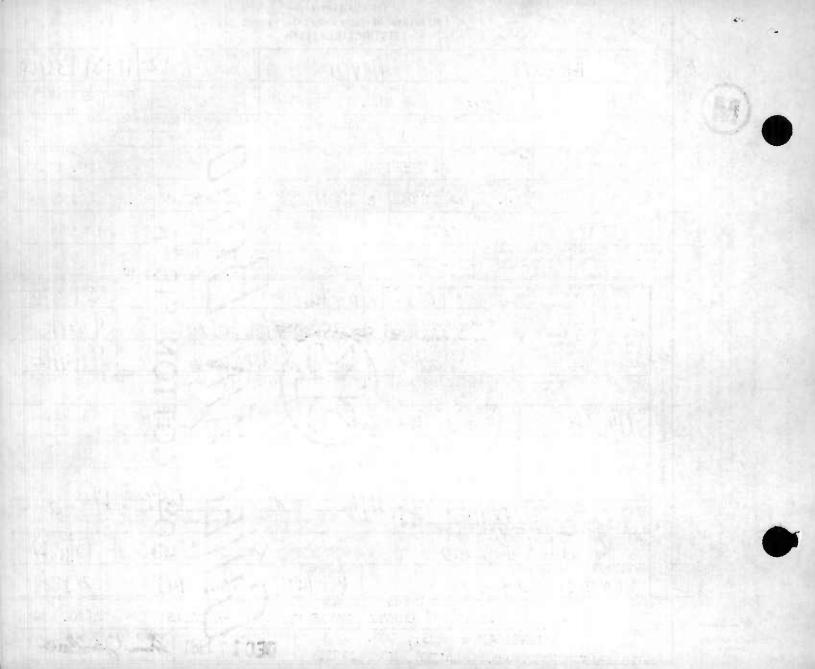
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y	1.	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MI CERTIFICATE OF DE	ENTAL HYGIENE 8	3 3 5 5
pool pool pool pool pool pool pool pool		CEASED NAME FIRST OR PRINT)	EARL T	A-VIS 15. DATE OF BIRTH	20 DATE OF DEATH MON	-1.81 810 PM
Poge 4 n director,	70 B	MOTE STATE OF FOREIGN	White	MONTH DAY	YEAR (OS	MONTHS DAYS HOURS MIN
er deoth.	Ve:	St Virginia ITY OR TOWN OF DEATH		ING HOME OR OTHER INSTIT	RRRIED L. Baltimore UTION 120 USUAL OCCUPATION	City MD
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within 24 h	Ma	aryland ATHER'S NAME	Baltim	ore YESX N	AAIDEN NAME	emont Avenue
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ficote ficote poper novol.		PART I. DEATH WAS CAUSE	only one cause per line for (o), (b), o	01	a.com c T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ron straining processing processi		1419 IMMEDIA	DUE TO, OR AS A CONSEOL		CIVEST	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rather displaying physicion. When this certificate has been signed by the ottending physician and completely filled in by as the buriol-fronsit permit. Then please remove corbon papers: Pages 1 and 2 should be filled in by the ond Mental Hygiene prior to buriol, cremation, or removal. Orked or Item 18 shows any injury, or other troumatic event, the medical exempler has the process of the process.		Conditions, if any, which gove rise to immediate couse 10', stating the underlying couse lost.	DUE TO, OR AS A CONSEOL	DENCE OF	* Tongue	
ORDS, 20 requires requires to Then ple or to buric y injury, o	NO O	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(0
ITAL RECO	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORA		b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
ON OF VITA THYSICIAN: T ding physici is certificote buriol-transi Mental Hygi Mental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		DAY YEAR	RY OCCURRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
DIVISION DING PHY: or offerthis e os the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEND pitol or TOR. A for use of Heol		sow the deceased olive or	ot) view the body ofter death.	9-9 8-80 and that in (my) (a	19 8), to 12 - 1 ur) opinion death occurred on the date of	and hour and from the couses stated
TAI OR A y the hosy the DIREC detoched one Dept. TI: If Item		22b. SIGNATURE	Lie	DEGREE ATT PH	ENDING MEDICAL STAFF YSICIAN DIRECTOR PHYSICIAN	224. DATE SIGNED 12-1 8
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Store I		22d. PHYSICIAN'S NAX. F (TYPE O	RPRINT) RHEIL	BAT	more city +	to sp 1 + c.
1111	23a E	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CRI	CITY OF TOWN	Ile COUNT ACOM
DHMH - 16 60M 1/75	24. FI	Burial UNERAL DIRECTOR			250. DATE REC'D. BY REGISTRAR 151	
(VR A 15 (4))		Raymond C F	ink Glen Bu:	rnie, Md.	DEC 3 1981	

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March F/H

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1	1.	FOR STATE REGISTRAR		DEPAR		HEALTH AND MENTAL FICATE OF DEATH			1 0) 5 (
		CEASED NAME FIRST		WIOOFE		LAST	20	REG. NO.	DAY YEAR	2h HOUR
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	3. SE	X	4 RACE			OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	17.0	Female	Bla		10	21 14		67 YRS		
25	/a. b	IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY	MARRIE WIDOW	ED NEVER MARRIED	D -	BALTIMORE CITY OR COUNTY		
	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	N 12	BALTIMORE CIT	12b. KIND O	OF BUSINESS C
33		Baltimore	JOHNS			SPITAL	- (1	TYPE OF WORK FOR MOST OF WORKING LI	INDUSTRY	
75		AL RESIDENCE (IF NURSING HOME STATE 13b. CC				13d. INSIDE CITY LIMITS?		street DDDRESS 1507 Bradfo	ard St	
-	14. Fa	MD ATHER'S NAME		Darcin	IOLE	15. MOTHER'S MAIDE			714 50	•
00		Benjamin	MIDDLE	Smith FAST				MIDDLE		
T		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	PARK)	ADDRESS	2.5	7 61
the me		No	one was as on esy	N/	A	Thelber	rt Da	awson 1507 Br		
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe ISED BY:				113		BETWEEN	MATE INTERVAL ONSET AND DEAT
		414a MMED	IATE CAUSE (o)	Cardia	(1	une			21	HEOLY
		Conditions, if ony, which	DUE TO, C	CO CONSEQ	UENCE OF	condise	200		acul	ely u
		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, C	OR AS A CONSEC	1				Pars	Zhrs.
	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	/	AL DISEASE OR CONDITION GIV	EN IN PART 1	01
	CERTIFICATION	IN UNION	LIGH. CONE	OITION FOR WHIC	COPERATION	N WAS PERFORMED	7	20a AUTOPSY? 20b. IF YES	S, WERE FINDIN	VGSTISED
7	LIFIC						9	IN CERTIF	FYING CAUSES	OF DEATH?
9		21a. ACCIDENT WAS UNDERLYING			DAY YEAR	21c HOW INJURY OF	CCURRED	ENTER NATURE OF INJURY IN ITEM 18		
/	MEDICAL	OR CONTRIBUTING CAUSE OF	NER) P	P.M.	19		2.13			
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE	FARM, ETC)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
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		sow the deceosed olive obove, (1) (we) (did) (did	on 2 not) view the body	y after death.	81.0	nd that in (my) (our) op	pinion deo	th occurred on the date and hou	ir and from the	couses stated
		22b. SIGNATURE	1.000			DEGREE ATTENDII	ING A	MEDICAL STAFF	22c. DATE	SIGNED
	1	22d, PHYSICIAN'S NAME (TY	MXVV			PHYSICI/	IAN D	DIRECTOR PHYSICIAN	15	1210
1		WRIGI	+7	- Tres	18A	JOHNS H	LOPK	INS HOSPIT	AL BY	H. TIM
		BURIAL, CREMATION, REMOV	AL 23b. DATE	230	NAME OF C	EMETERY OR CREMAT	TORY	23d LOCATION	COUNTY	STATE
		Burial	1/4/	82 M	t. Ca	lvary Cen	m.	Baltimore	Co.	MD
	24 F	UNERAL DIRECTOR	/	ADDRESS		1	DEC 3	EC'D. BY REGISTRAR 25b. REGIST	RAR'S-SICHAT	URE
		Wm. C. Marc	h F/H	TIOI E	. Nor	tn Ave.	ال ال	U 130 Conreso	350H/	ayour

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2/1	FOR STATE REGISTRAR	. Va=22a Fi		EPARTMENT	OF HEALTI	MARYLAND H AND MENTA CERTIFICATE			3 1	3 5	4
	DECEASED NAM (TYPE OR PRINT)	AE FIRST		MIDDLE	100	nkins		DATE KNOWN OF ESTI- DEATH MATED	VV MONTH	DAY YEAR 9 19 81	26 HOUR
OUR FILES. OUR FILES. IN 72 HOURS. TON STREET,	Male		5. DATE OF BIRTH DAY		IN YEARS IF UI			C. DATE RONOUNCED DEAD	MONTH 12	DAY YEAR 9 1981	2d HOUR 6: 10
70	BIRTHPLACE (S FOREIGN COUNTRY) CITY OR TOWN	state or lina	76. CITIZEN OF WH	AT COUNTRY?	8. MARE		DRCED	Baltimore Cit	Y OR COUNT	Y OF DEATH	MD
SHOULD BE SHOULD	Baltime		1410 Ma	PITAL, NURSING HO LILITY, GIVE STREET ADDRE Adison Av	enue	HER INSTITUTION	FOR MC	AL OCCUPATION (DST OF WORKING LIFE)	TYPE OF WORK	OR INDUST	USINESS TRY
\$35 ¹³ 0	state Iarylan	d 136 COUNT		Baltime	N	13d. INSIDE CITY LIMITS YES X NO	□ 141	o Madis	on Av	enue	
300	FATHER'S NAM Willia	m		Denkins		Viola	AIDEN NAME	WIDDIE	Sut	ton	
VISION	Yes, no, or unkni	WW	TT	16b. SOCIAL SECU		Helen J	Jones	- 1410		on Ave	•
ERMIT. PAGI IENE, DIVISIO AL.	18. CAUSE C	DF DEATH (Enter only EATH WAS CAUSED	BY:	for (o), (b), ond (c). Thermal i	njury					APPROXIMAT BETWEEN ONSE	E INTERVAL ET AND DEATH
DEP TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM ES SHOULD BE USED AS A BURIAL - IRANSIT PERMIT. PAGES 1 AND BERARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VIT PRIOR TO BURIAL, CREMATION, OR REMOVAL.	gove r	ons, if ony, which ise to immediate	(b)	AS A CONSEQUEN							
ND MEN TION, O	lying co		(c)	AS A CONSEQUEN							
AS A BU ALTH A CREMA		IGNIFICANT CONDITIONS <u>C</u>		THE BE			N PART 1 (a).				
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PRIOR TO BURIAL, CREA	210. EXTERN. UNDERLYING CONTRIBUTI	ING 🗌 CAUSE OF DI		12/9/ 19	ST Sm	ow MJURY OCCU oking in					
21201 PR	WHILE AT WORK	NOT WHILE AT WORK		F INJURY (AT HOMI DRY, FARM, ETC.)		CATION STREET Madison	Ave.	city or town lti	more cou	M M	d STATE
29	22a. I cert deoth result	ify that I took charge		ribed obove, held o	n Autop	, Homicide	Undeter	Inquiry ,	ond in my opi	inion	
FIER DEATH, WITH THE	ACTUAL SIGNATURE	JK.	snec	ce	N	Assista	nt	AL EXAMINER	DATE	12-10	-81
BATIMORE,	EXAMINER'S (TYPE OR PRI	NAME HO	rmez R. (ADDRESS		n Street			
	Burial		L2-16-81		Aubur	n		1to.	COUN		id.
		. RICE I	FSPA 170	0 Eutaw	Pl.		IAN 7	1982 ZA	ines	an There	film

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injury, ar ather traumatic event, the

should be detached for use as the buriol-transit permit. Then please remove a with the State Dept. of Health and Mentol Hygiene prior to buriol, cremation. TO FUNERAL DIRECTOR: After this certificate has been signed

IMPORTANT: If Hem 21 is morked or Item 18 sho

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME CARPRINT)	melle	MIDDLE	0	Ennis	2a DATE OF DEATH	MONTH D	12 81	26 HOUR A
3. SE	x Female	4 RACE	B.	5. DATE O		6. AGE (IN YEARS LAST BI	_	MONTHS DAYS	IF UNDER 24 HRS
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED X	9 BALTIMORE CITY OF	ORE C		MC
10 0	ALTIO DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)				12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST	ION	12b KIND C	OF BUSINESS OR
13a. S	AL RESIDENCE (IF NUR COU STATE COU MO ATHER'S NAME	NTY	BALTO		YES NO 1		URENS		
1	MICHAEL	MIDDLE	DENNIS		ZENAFIRST	MIDDLE		BEAC	ON
	VAS DECEASED EVER IN U.S. AI YES. NO OR UNIVERSITY (IF YES, G	RMED FORCES? VE WAR OR DATES)	16b SOCIAL SECUR	ITY NO.	17 INFORMANT CLAUDENIA DI	ENNIS 3406		N RD	
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	(b) DUE TO, OI (c)	R AS A CONSEQUEN	ICE OF	(esperano y	g (322) C	<i>Ω</i> /1 ·		
TION	PART 2. OTHER SIGNIFICANT	Triculi	o Peri	Tone	eal Shur	N			
CERTIFICATION	196 DATE OF OPERATION		Hyd	10 C	exhallus	YES NO	IN CERTIFY YES	S, WERE FINDIN YING CAUSES S	
MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	R) P.,	M. MONTH DAY M.	YEAR	21c. how injury occurr	ED (ENTER NATURE OF INJL	RY IN ITEM 18 PA	ART I OR PART 2)	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FAR	RM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
4	22a. I certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did no	12/1	2 19 8	7/_01	nd that in (my (Tour) opinion d	, to	ote and hour	r ond from the	that (I) (we) lost couses stated
	The SIGNATURE	~a,/	Heig		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED
	THE PHYSICIAN'S NAME (TYPE	OR PRINT)	5		22e. ADDRESS	14	1	ca the	

23a BURIAL, CREMATION, REMOVAL

236 DATE

23c. NAME OF CEMETERY OR CREMATORY

COUNTY

DHMH - 16 50M 1/B1 (VRA 15, 4)

etained by the hospital

BP.

BUR IAL
24 FUNERAL DIRECTOR

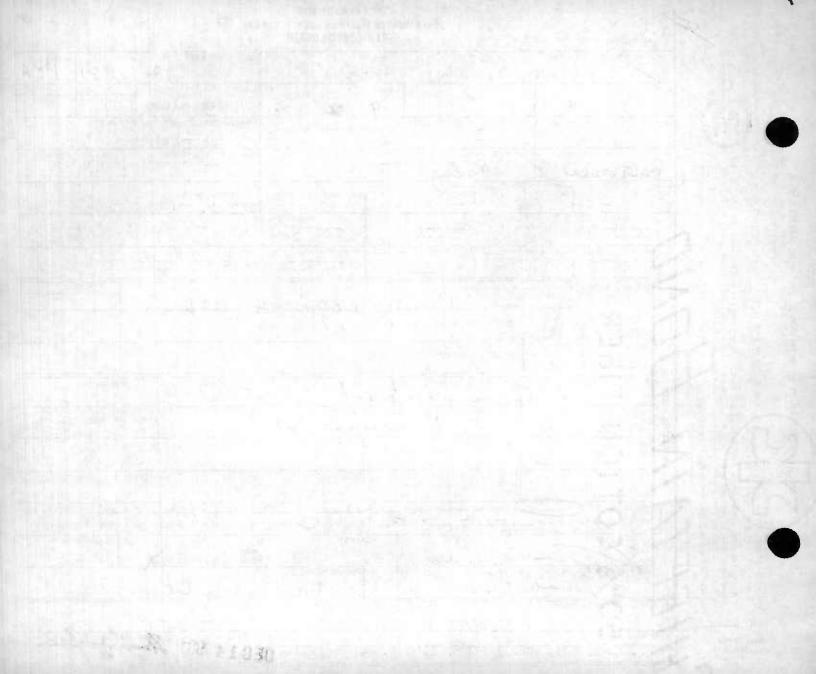
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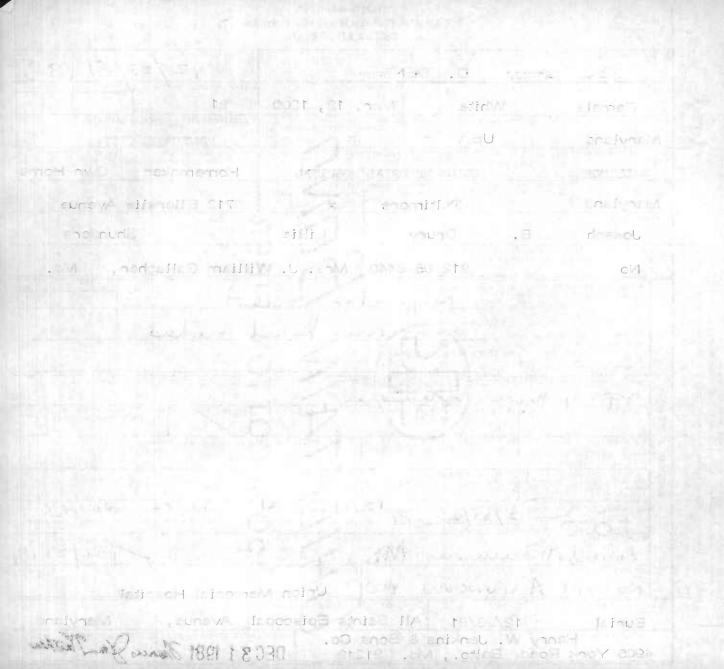
KING MEMORIAL PK 250. DATE

Pad. LOCATION
CITY OR TOWN
RANDALLSTOWN

WM. C. MARCH FUNERAL HOME, "1101 E. NORTH AVENUE



4	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE REG. NO.	5 3 5
	I. DECEASED NAME FIRS	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
noy be poge 3	ES		NT	12/2	3/81 8-AM
A Hoor, po	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTADAY)	MONTHS DAYS HOURS MIN.
e o o o o o o o o o o o o o o o o o o o	Female	White	Mar. 12, 1900	81 YRS	
ج <u>ہ</u> 6	BIRTHPLACE (STATE OR FOREIGH COUNTRY)		MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	ITY OF DEATH
de d	Maryland O CITY OR TOWN OF DEATH	USA	WIDOWED MORCED DIVORCED	BALTIMORE	
The dwite		(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF WORKING	
o su ph	BALTIMORE	UNION MEN	ORIAL HOSPITAL	Homemaker	Own Home
filled in hould be	Maryland 136.0	EQUATY 13. CITY OR TOV	ore YES X NO	3712 Ellersl	ie Avenue
withi letely d 2 sl	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	NAME MIDDLE	LAST
b m m m m m m m m m m m m m m m m m m m	Joseph	B. Drury			Shunders
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician. After this certificate has been signed by the attending physician and completely filled in by a site buriol-transity permit. Then please remove corbonpapers. Pages I and 2 should be file than a Manal Hygiene prior to buriol, cremotion, or removal. In and Mental Hygiene prior to buriol, cremotion, or removal.		ES, GIVE WAR OR DATES)	The state of the s	ADDRESS	
S. Po	No	212 05	8440 Mrs. J.	William Gallagh	
cote cote operion in the cote	18 CAUSE OF DEATH (En	ter only one couse per line for (o), (b), o AUSED BY:	nd (c).)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g ph conp		EDIATE CAUSE (0)	iratan au	LanT.	
ndin corb v, or notic	4280	DUE TO, OR AS A CONSEQU	ENCE OF .	1-0-1	
deo offe offor rroun	Conditions, if any, while gove rise to immedia		estur hear	1 taline	
quires that the signed by the Then please cremming to complete the night, or other from the signs of the sign of the s	couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
uires ignec en pli bun		ANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION (GIVEN IN PART 1101
y ing	0 300515	Respond bure	OPERATION WAS PERFORMED	Tan AUTORSVE Tank IS	YES, WERE FINDINGS USED
The low ion. The hos be the primitive primiti	19a DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	d 196 CONDITION FOR WHICE		YES NO	TIFYING CAUSES OF DEATH?
hysic ficot frons 118 sl			AY YEAR 216. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
SICIA ng ph certifi riol-ti entol	(IF EITHER NOTIFY MEDICAL EXA	MINER) P.M.	19		
PHYSICIAN: ending physis this certifico te buriol-tron d Mentol Hy	(IF EITHER NOTIFY MEDICALEX. 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
NG offer of the orker or the orthogen or t	AT WORK AT WORK		, ,		
No lo or use Health		hospital) attended the deceased from	9/10/10 19 8	10 12/23	, the (i) (we) lost
ATTE spirte CTO CTO d for n 21	obove, (I) we) did (c	ve on 19 19 19 19 19 19 19 19 19 19 19 19 19		on death occurred on the date and h	
1 OR , the ho L DIRE stochec e Dept	226 SIGNATURE	menneme of	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	12/23 /81
PITA by Stot	22d. PHYSICIAN'S NAME	TYPE OR PRINT)	22e. ADDRESS	D DIRECTOR D PHISICIAN G	1 101
TO HOSPITAL Cetoined by the TO FUNERAL Should be dero with the Stote MAPORTANT: If	Robert	A.D uncan	MD Union	Memorial Hospi	tal
GO = P = 3 3	23a BURIAL, CREMATION, REMO	OVAL 236. DATE 23c.	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION	
BP	(SPECIFY) Burial	12/28/81 A	11 Saints Episcop	pal Avenue,	Maryland
DHMH-16 30M 2/80		nry W. Jenkins	Sons Co. 250. D	ATE REC'D. BY REGISTRAR 151. REG	
(VRA 15, 4)	4905 York F	Road Balto., Mo	. 21212 DI	EC 3 1 1981 dans	to Jam Barren



1	1.	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG CATE OF DEATH	IENE Ö	3	1 3	6 2
		CEASED NAME FIRST	MIDDLE	L	st		MONTH DAY	YEAR	26. HOUR
be age 3	(TYPE	Georg	e S. 1	Dento	n. «		12 23	81	12:15 P.M
T IN I	3 SE	male	4 RACE INIMITE	5 DATE O		6 AGE (IN YEARS LAST BIRT		JNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
970	C	RTHPLACE (STATE OR FOREIGN OUNTRY) No. Carolina	76. CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWEI	□ NEVER MARRIED ₺	9. BALTIMORE CITY OF	R COUNTY O		
y the funded on this day	10 C	BALTIMORE	11. NAME OF HOSPITAL, NURSIN	G HOME O		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O	ON F WORKING LIFE)	126. KIND O INDUSTRY	F BUSINESS OR
y filled in b shauld be ti	130. S	aryland 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY 13c. CITY OR TOWN Balti	N	YES X NO [13e STREET ADDRESS 2201 Arg	onne D		
and 2	14. FA	William	B. Dento	n	Emma Emma	MIDDLE		Morga	
Pages Pages medical	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU WAR OR DATES) Q1Q-12-		Mary L. Sla				Salem, Rd. N.C.
signed by the attending phy hen please remove carban po to bural, cremation, ar rema jury, ar ather traumatic even	2	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	D BY. E CAUSE (0) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM		DITION GIVEN	IN PART No	a)
has been t permit. The ene prior that aws any in	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [IG CAUSES	IGS USED OF DEATH?
ng physici certificate rial-transii ental Hygi Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR				
fter this as the bu hand M arked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F)	ARM, ETC.)	211. LOCATION STREET	CITY OR TOW	'N	COUNTY	STATE
aspital ar ath ECTOR: After d far use as th 1. of Health ar m 21 is marke		sow the deceased alive an above, (1) (we) (did) (did no	tol) oftended the deceased from		d that in (my) (aur) apinion o	, 10	ite and hour o	nd from the	
y the hinger RAL DIRI detache date Dep			Chagae	C	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		12/2	23/87
etained by TO FUNERA should be de with the Sta		72d. PHYSICIAN'S NAME (TYPE OF			MONTEBE LLO	BOSPITAL -	2201 M	BACTO 160 KNX	
BP	1	BURIAL, CREMATION, REMOVAL SPECIFY)	12/28/81 W	oodla	metery or crematory and Cem.	23d LOCATION CITY OR TOWN Winston	Salen	No No	Carol
MH - 16 50M 7/77 (VR A 15 (4))	3.	INERAL DIRECTOR Schi	munek Funeral	Hom:	Inc. 250. DATE	C29 1981	CALINIS	Som	HALIOR

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	1	FOR STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.							
oy be oge 3 deoth		CEASED NAME E OR PRINT)	tella.	la A Deulin			20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR	
frer d	3 SE	× F	4 RACE	W	S. DATE C		6 AGE THE YEARS LA	ST BIRTHDAY)	IF UNDER I YEAR	HOURS ME	
(M)51	7a B	RTHPLACE (STATE OR FO	OREIGN 75 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE						
38	10 C	Balto City	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET AD	DRESS)	OR OTHER INSTITUTION	Teacher	Baltic	O. City	Schools	
filled in nould be	130	AL RESIDENCE IIF NU STATE	E OR OTHER INSTITUTION OUNTY ALLO.	134 CITY OR TOWN Anneslie	DMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRE		Rd.		
ompletely ond 2 st	14. F	Joseph Vo	probey	LAST	15. MOTHER'S MAIDEN NAME					.ST	
be execut	16a	MAS DECEASED EVER IN	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	579-22-04		Mr. Thomas		DRESS	ndwood	Rd 21.21	
e death certificate e otfending physic move corbonpope notion, or removal troumotic event, it		PART I. DEATH WA	DUE TO, C which (b)	r line for (0), (b), and (Carding) or AS A CONSEQUEN SEPCOS	envo	shock			-	ONSET AND DEAT	
e low requires that to no. no been signed by the permit. Then please in a prior to buriol, are wis any injury, or other	CERTIFICATION	11.	FICANT CONDITIONS C		euk e	NOT RELATED TO THE TEI	200 AUTOPSY?	20b. IF Y	GIVEN IN PART 1: YES, WERE FINDI TIFYING CAUSE: YES	INGS USED S OF DEATH?	
DING PHYSICIAN. The or otherheling physicion After this certificate to so the buriol-tronsit oith and Mental Hygie marked or Item 18 sho	MEDICAL CERTIF	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d INJURY OCCURRE WHILE AT WORK AT WORK AT WORK	AUSE OF DEATH HOUR A LEXAMINER) P 21e. PLACE (AT HOME ST	OF INJURY .M. MONTH DAY .M. OF INJURY REET, FACTORY, OFFICE, FAR	19	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF			NO STATE	
AL OR ATTENI the hospitol AL DIRECTOR: letoched for us ore Dept. of He T: If them 21 is		sow the decessed oboyed welding 22b. SIGNATURE	this hospital attended the lolive on 12 of (did not) view the body	1 2 /		d that in (1) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL S	STAFF		the (1) we) lo e couses stated E SIGNED	
TO HOSPITAL etoined by the TO FUNERAL should be detroited with the Stote IMPORTANT:			SMAN			Univers	ety of M	ary/a	nd Ho.	spetal	
BP		BURIAL, CREMATION, R	236 DATE 12/7/			emetery or cremator	23d. LOCATION CITY OR TOW	Co.	COUNTY	STATE	
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	uneral director itchell-Wie	edefeld Home	-6500 Yorl	k Rd.	21212	ATE REC'D. BY REGISTI	PARIZE REG	R'S SIENIA	IURB-	

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	1.	FOR STATE REGISTRAR	C	EPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG HCATE OF DEATH		3 1 3 6 5
a (M)		CEASED NAME FIRST	WIDDLE		omenico	REG. NO. 20 DATE OF DEATH MONTH	17 81 1157Am
0 m	1 5E		4 RACE	5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
o de	1.00	Male	Cau.	1	2 140 07	YR	
eoth. Poge	1	Pa.	U.S.A.	MARRIE	NEVER MARRIED	BALTO. CITY	
offer do	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	NURSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORK IN	
120 Octrs	JJ5U	BALTIMORE AL RESIDENCE (IF NURSING INC.)	OR OTHER INSTITUTION, GIVE RESIDE	MEMORIAL I	HOSPITAL	Machinist Be	eth. Steel Ship
MARYLAND 2120 ed within 24 hours amplesely (Illed ond 2 should be the examine) must be examined that the examined must be examined to the exam	13a. S	Md		or town 1to.	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌		er Ave. 21206
MARYLL and within	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA/ FIRST	ME	LAST
- 0	16a. V	August /AS DECEASED EVER IN U.S. A	Di Dome	nico AL SECURITY NO.	Lena 17 INFORMANT	ADDRESS	
BALTIMORE, cote be executed to be executed by the second colors. Pages 1 your.		ES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	05-3555		omenico 5905	
W. PRESTON ST., or the death certific y the ottending ph se remove carbon ps cremation, or remo		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS 3. Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CO	hac ar	rest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es es es	NO	PART 2. OTHER SIGNIFICANT	The second secon		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (GIVEN IN PART 1(0)
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ON OF VITAL 1YSICIAN: The ding physicion is certificate h buriol-tronsit p Mental Hygier Mental Bhou		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		TH DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)
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a ole		22a I certify that (I) (this has	pital) attended he deceased		od that in (my) four) opinion of	to 12/12 death occurred on the date and h	19 8 / that III (we) fast
OR A be hos ched Ched Dept.	1	THE SIGNATURE	Muco		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/07/8/
TO HOSPITAL (retoined by the TO FUNERAL I should be detoined by the Store (IMPORTANT: If		DANIEL DANIEL	C Misure		220. ADDRESS		. 7
	23a. B	URIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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X	1	FOR		DEPARTMENT	STATE OF MARYL T OF HEALTH AND		GIENE 8	3	1367
1	L	- STATE REGISTRAR			ERTIFICATE OF		REG. N	10	
		CEASED NAME FIRST	MI	DDLE	LAST		2a. DATE OF DEATH		DAY YEAR 76. HOUR
7 P. C.		PRANI	<	D	TUAR	05	1	2/	29/81 43°
	3. SE		4. RACE	5. 1	DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BE	_	IF UNDER 1 YEAR IF UNDER 24 HRS
- MART		Male	White		1 15	03	78	YRS.	
1000 11	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF W	N	ARRIED NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH
\$ 12 E D	10.0	Alabama	U.S.	A. WI		NORCED	BALTIM		TY MD.
- + + +/1	1		(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRE	E55)		(TYPE OF WORK FOR MOST	OF WORKING LIFE	E) INDUSTRY
120 A 1 20	ÜŠÜ	BALTIMORE AL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION G			LTAL	Installe	r	Western Elect
N 2 1 13 (13s.	STATE 136 COL	INTY	Balto.	13d. INSIDE O	NO [7]	13e. STREET ADDRESS		
YILM Predy in	14. F.	ATHER'S NAME				S MAIDEN NA		gale A	we.
MAR maple		James M.	WIDDIE	Dillard	Mel:	FIRST	Ellen		T and found
- 0	160.	WAS DECEASED EVER IN U.S. A		66 SOCIAL SECURITY			ADDR		Lankford
MORE execute on ond c		(YES NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)	262-03-795	7 Mr.	John D	illard	Balto	Md.
BALTIMORE, one be executed by skillion and copers. Pages in vol. 1, the medical		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS						Dalla	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
find the contract of the contr			ED BY: ATE CAUSE (a)	SEP.	252				
PRESTON ST he death cert ne ottending p emove carbon motion, or ren		1850	DUE TO, OR	AS A CONSEQUENCE	OF				
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	Z	PART 2. OTHER SIGNIFICANT	-	NTRIBUTING TO DEAT	_			IDITION GIVI	EN IN PART 1(0)
been mit. The prior t	ATIO	METAST		ION FOR WHICH OPE			TATE 1200 AUTOPSY?	120h JE YES	, WERE FINDINGS USED
L REC	CERTIFICATION	1979	P	ROSTA		a.		IN CERTIF	YING CAUSES OF DEATH?
DF VITA Clan: The physicion physici	8	21g. ACCIDENT WAS UNDERLYING		INJURY	21c. HOW IN		RED (ENTER NATURE OF INJU		
NOFN SICIAN ng phy oriol-tri wiol-tri		OR CONTRIBUTING CAUSE OF D	AIR	. MONTH DAY	YEAR		_		
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DIVISION OF PLOY OF OTHER THE POST OF THE OTHER OF THE OTHER	Z	AT WORK AT WORK	TAT HOME, STREE	T, FACTORY, OFFICE, FARM, 1	ETC) SIREE	***************************************	THE STATE OF THE S	, WIN	COUNTY
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RECTOR RECTOR RECTOR for up. of He		saw the deceased alive a abave, (I) (we) (did) (did n	ot) view the bady a	ter death.	, ond that in (my	(aur) opinion	death accurred on the d	ate and hour	and from the couses stated
the horten to DIRE		22b. SIGNATUR		1	DEGREE	ATTENDING	MEDICAL STA		22c. DATE SIGNED
by the by the VERAL of defending Store			who fah			PHYSICIAN [DIRECTOR PHYSI		12/29/81
HOSPITAL ned by th FUNERAL Jid be det othe Stote		22d. PHYSICIAN'S NAME (TYPE		4.49	22e. ADDRES				
TO HOSP retoined In Fune should be with the Simporta	-	Sarkis G.					ORIAL HOSPI	rAL	
2011	730	BURIAL, CREMATION, REMOVA		1/	F OF CEMETERY OR	CREMATORY	23d LOCATION CITY OR TOWN		COUNTY STATE
284/BP	24 F	Removal UNERAL DIRECTOR	12/30	0/81		25a DA	TE REC'D. BY REGISTRAR	25h REGISTE	AR'S SIGNATURE:
DHMH-16 30M 2/80 (VRA 15, 4)		natomy Board	T.	ADDRESS MA		IAN	/	Bance) and less ye
	PM.	latolly board	E	alto., Md.		HAN	1 198/	A CONTRACTOR OF	Any

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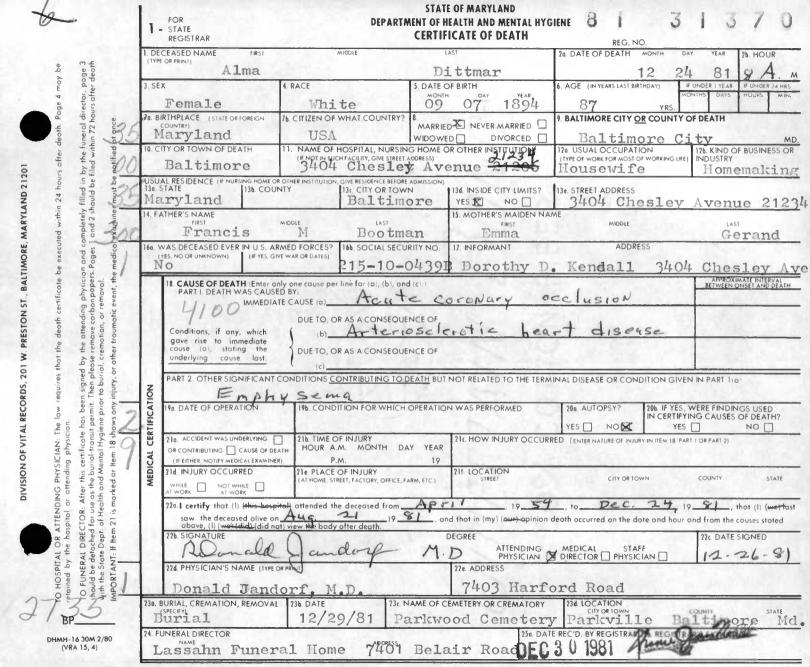
~ 24	h	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8	3   3 5 8
(M):		CEASED NAME FIRST E OR PRINT)	MIDDLE	Dirscherl Dirscherl		MONTH DAY YEAR 26. HOUR 12/28/81 3.25 AM
7 10	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	
ope 4 -		ale	White	M8-14-1909 YEAR	72	YRS. DAYS HOURS MIN.
Cart of Street o	7a. B	Balto. Md.	U.S.A.	/?   8. MARRIED MEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH  RE CITY MD.
ofter of the full	1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE UNTON MEMORIA		12a. USUAL OCCUPATION OF THE PARTY OF THE PA	F WORKING LIFE) INDUSTRY
in b	USU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)		
AND 24 h n 24 h hauld l	2	Md.	Balto.	YES 🔀 NO 🗌	3216 Be	rkshire Road -21214
MARYL ompletely ond 2 s	) 14. F	ather's NAME Joseph Div	rscherl	15. MOTHER'S MAIDEN NA	ra Trebes	LAST
IMORE,			RMED FORCES? 16b SOCIAL SEC IVE WAR OR DATES) 219–10		Dirscherl 3	216 Berkshire Rd.
155, 201 W. PRESTON ST., B. luites that the death certifical signed by the attending phys are please remove carbonopo a burial, cemation, ar remove, jury, ar ather traumotic event,	N	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQ  (b) Briant  DUE TO, OR AS A CONSEQ  (c) CONDITIONS CONTRIBUTING TO	UENCE OF extensive UENCE OF extensive UENCE OF extensive UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF extensive  UENCE OF	Jeiler incenen V Princy MINAL DISEASE QUEON	RETWEEN ONSET AND DEATH  LIS I  DITION GIVEN IN PART 1101
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DIVISION OF VITAL RECORDS  NG PHYSICIAN: The low requi to other this certificate has been sign os the burial-transit permit. The th and Mental Hygiene prior to be orked or Item 18 shows any injur		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR		
DIVISION  NG PHYS  offer this of the but the b	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE		CITY OR TO	
ATTENDII spital ar CTOR: A difar use a difar use n af Healt		sow the deceased alive or above, (I) (we) (did) (did)	oital) attended the deceosed from  n 1222 19  at) view the body ofter depth.	and that in (my) (our) opinion	, 18	19 , 19 , that pt (we) lost one and hour and from the couses stated
TAL OR y the horacle detoched for Dept.		22b. SIGNATURE A. ()	rithera		MEDICAL STAI	22c. DATE SIGNED
TO HOSPITA etoined by TO FUNER should be d with the Sto		22d. PHYSICIAN'S NAME (TYPE	SIRITHAK	27e ADDRESS	MORTAL HOSP	TTAL
2787	230.	BURIAL, CREMATION, REMOVAI (SPECIFY)  Burial	1 23b. DATE 236	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	county state
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR Miller	Inc-6415 Belair	25mglan	RECID BY REGISTRAR	25) GISTRAR'S SIGNATURE

) may 1 may YELL CONTINUE See Assess Victorial Section GALLESON IL BONTH MOLVII Le Co. Market animals and alexander To all the state of the second statement of the beautiful the statement of the second statement of the mains the common of N-V-V-V of a stable and the stable of the stable of

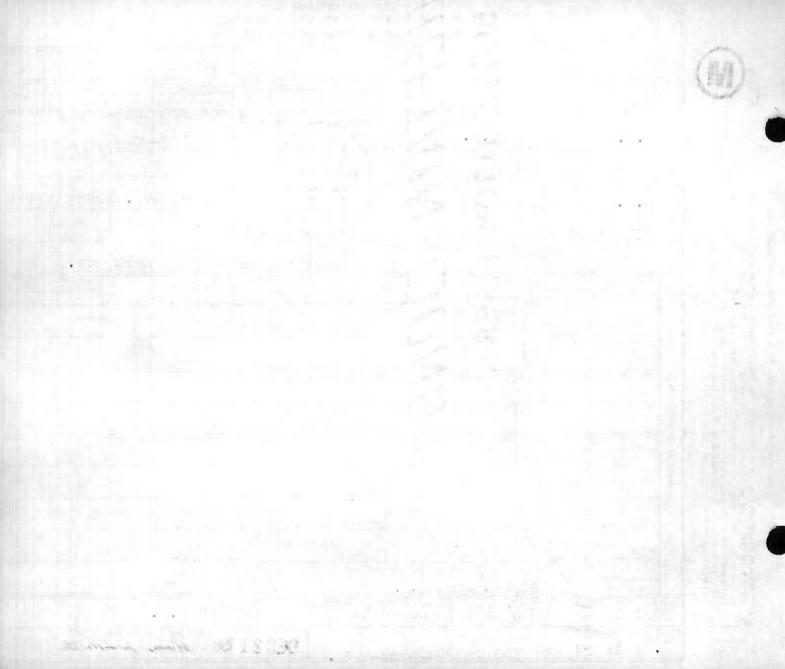
7401 Belair Road

DHMH - 16 50M 1/81 (VRA 15, 4)

Lassahn Funeral Home



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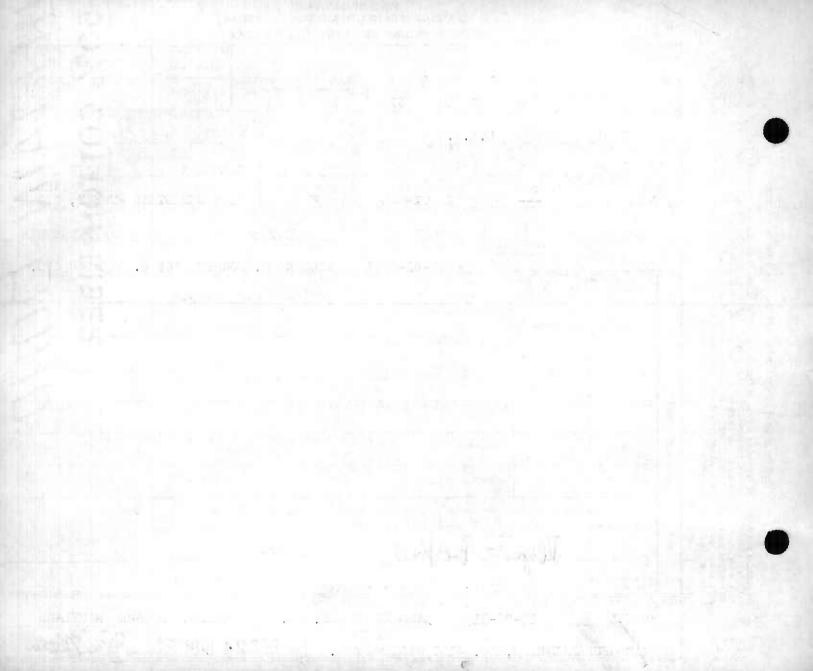


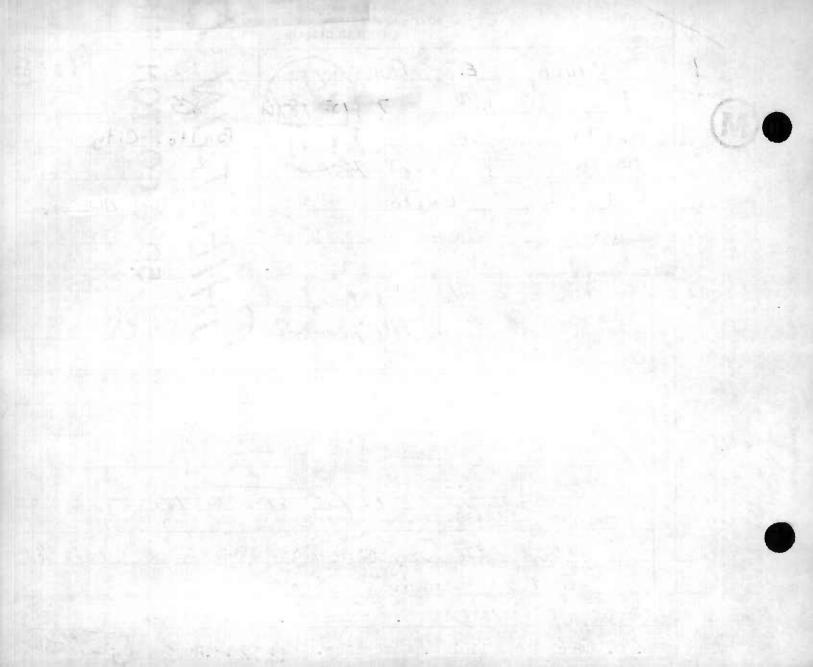
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Malan malek THE HEAT STATES . L Street County affects Jens the and Bond Downs D. AVERTAL CONTRACTOR OF THE PROPERTY OF THE PROP LIVIVAL Lormaton and one of the sound A. Alen Seter, dr. Funeral from Bill for and dra. USAN Likel Alene Set or

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST MIDDLE KNOWN DECEASED NAME 2a. DATE TYPE OR PRINT) OF ESTI-DEATH MATED PHILTP DOROFF 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 24 HOUR 1:20 DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED WITHIN 72 F white male 12 = 22 - 8.194 DEAD 04 02 87 YRS M BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. MARYLAND WIDOWED X Baltimore City DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a, USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE PM 3. RETAIN PA Baltimore 2109 Christian SALESMAN LIFE INSUR-USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ANCE 13a. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND BALTIMORE YES X 2109 CHRISTIAN STREET. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE I. PAGES 1 AND DIVISION OF WIT HERMAN DOROFF DOROTHEA KAFFENBERGER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS YES, NO, OR UNKNOWN LIF YES GIVE WAR OR DATES! 217-05-8381 RICHARD W. DOROFF 249 S. ELLWOOD AVE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease USED AS A BURIAL-TRANSIT PERA OF HEALTH AND MENTAL HYGIEN IRIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL-1 lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [0] CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED SHEER TO THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIQR TO BURIOH, YES [ NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY JATHOME 211. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE COUNTY STATE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from: Natural causes Suicide Undetermined monner TITLE (SPECIFY) ACTUAL 12-23-81 Assistant DATE SIGNATURE EXAMINER'S NAME Margarita A. Penn Street Korell.M.D. (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY | SPECIFY COUNTY BURIAL **ELKRIDGE** 12-26-81 MEADOWRIDGE MEM. PK. HOWARD MARYLAND 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 21229 **DHMH-17** (VR A15 ME (5) HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. 15M 2/80





1				STATE OF MARYLAND		
X	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	GIENE 8 1 3	131,6
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noy be poge 3 er death	(TYP	ORPRINT) /4Cii	1/e L	Douglas	12-17-81	8.35 M
e b	3. SE	X	4. RACE	5. DATE OF BIRTH		IF UNDER TYEAR IF UNDER 24 HRS
rectar ors aft		Female	B	MONTH DAY YEAR	6.5 YRS.	MONTHS DAYS HOURS MIN.
P Po	7a. B	RTHPLACE (STATE OR FOREIGN 7	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
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1 1 1 1 1	10 C	ITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION	12b. KIND OF BUSINESS OR
10 1 N N N		BALTO		COUR	LIVESTIC WORK FOR MOST OF WORKING LIFE	Home.
21 21 21	13a.	AL RESIDENCE (IF NURSING HOME OR C	OTHER INSTITUTION GIVE RESIDENCE BEFOR TY 136_CITY OR TOW		13e. STREET ADDRESS;	
NN 22 80		Md.	BALT	as the second	115 N. PA	450N
thir tely 2 sh	14. F.	ATHER'S NAME		15. MOTHER'S MAIDEN NA		
MAR mple		Richard "	HIDDLE LAST	Julia	WIDDLE	Brow N
d co		VAS DECEASED EVER IN U.S. ARM		RITY NO. 17 INFORMANT	ADDRESS	Λ
be execution on the control of the c	-	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES] 230-12-	4650 Mrs. Bessie	Robinson 115	
ficote ficote papers		18 CAUSE OF DEATH (Enter only	y one cause per line for (a), (b), on	d (ç).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., f		PART I. DEATH WAS CAUSED	CAUSE (0) CAR	comme of the	te me with	
or re	- 141	1790	C/1002 (0/			No. of the last of
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ORD requestry The	ē					
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir offending physician.  fifer this certificate has been sig os the buriol-transit permit. Ther th and Mental Hygiene prior to be arked or frem 18 shows any injur	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?
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C PHYSICIAN: attending physic re rhis certifical si the buriol-tran and Mental Hyked or frem 18:	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISION PING PING PING PING PING PING PING PIN	Σ	WHILE NOT WHILE AT WORK	(AT HOME STREET, PACTORY, OFFICE, I	ARM, ETC )		
ENDIN ol or OR: Afr		22a.l certify that (1) (this haspite	ol) ottended the deceased from_	12/16 19 81	10 17/17	19 61, that (1) (we) lost
F = 0 v = -		saw the deceased olive on_	12/17 19_	ond that in (my) (our) opinion	death occurred on the date and hour	
IRECT Head for them 2		obove, (h (we) (did) (did not) 22b. SIGNATURE	view the body offer death.	DEGREE		22c, DATE SIGNED
0 0 0 0 0 4		Holenes 12	Rock and	ATTENDING	MEDICAL STAFF	12/11/1
PITAL by th by th ERAL ee deta Stote		22d. PHYSICIAN'S NAME (TYPE OR		PHYSICIAN [ 27e. ADDRESS	DIRECTOR   PHYSICIAN	1,111
The or the				0	in a the	4
TO HOSPITA retained by TO FUNERA should be do with the Sto		no to No			er um the upo	
1001		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
(DU) BP	_	Burish	12-20-81 E	beneezer Cem	. Hme	
DHMH-16 30M 2/80	24 F	UNERAL DIRECTOR	ADDRESS	17.1 1	TE REC'D. BY REGISTRAR 751 DEGISTR	M 420 / 187 41/1/2014
(VRA 15, 4)		James A	Morton rishs	1101 lauren ST U	EU22 1981 Dasaca	0

Marie Marie and the sale SECOND FOR ALL SECOND

				STATE OF MARYLAND	
	1.	FOR STATE REGISTRAR	DEI	PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	PREG. NO.
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH DAY YEAR 26 HOUR
	(TYP)	OR PRINT)	ARD JOHN	DREW	12/25/81 4.05Pm
25	3. SE	( JA)	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
(1		M	WHITE	MAY 24 1913	3 68 YRS. MONTHS DAYS HOURS MIN.
14		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
5/		-Lal.	U.S.A.	WIDOWED DIVORCED [	BALTIMORE CITY MD.
11/1	10 C	BALTIMORE	III. NAME OF HOSPITAL, N	PURSING HOME OR OTHER INSTITUTION ESTREET ADDRESS PARAL HOSPITAL	120. USUAL OCCUPATION (TYPO WORK OR MOST OF WORKING LIFE) 120. KIND OF BUSINESS OR INDUSTRY
us be	USU 13a	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE NTY 134.	RTOWN 13d. INSIDE CITY LIMITS?	1
E .	14 =	THERE NAME	ALTO. LIN	15. MOTHER'S MAIDEN I	1920 ADAWA PT
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2 medicol		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL NE WAR OR DATES)	13-8114 GERTRUDE	G. DREW SAME
t, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (o),	(b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ven			ED BY. (TE CAUSE (0) Neta	stetii Carcinome	to the brain
tic e		1639		TEOUEN A	
E S		Conditions, if ony, which	DUE TO, OR AS A CON	ible Dremany (	scinme of line. Three ments
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other troumotic		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CON	- Kelmeberesis and	ducetti o segralanti
ury, or	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	IG TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ou ou	CERTIFICATION	19a DATE OF OPERATION	LIGH CONDITION FOR V	WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED
1	IFIC,	THE DATE OF GLERATION	THE CONDITION TORY		IN CERTIFYING CAUSES OF DEATH?
	ERT	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	Tale HOW INTURY OCC	YES NO YES NO
9	_	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT	H DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	P.M.	19 211, LOCATION	
	MEC	WHILE NOT WHILE	(AT HOME STREET, FACTORY, C		CITY OR TOWN COUNTY STATE
		AT WORK AT WORK			1.00ATT 4.05PT
		22a.1 certify that (t) (this hospi	ital) attended the deceased	from 19 6	, to 12/25, 19 that (we) lost
		sow the deceased alive on above, (track) (did) (did)	off view the body after death.	_19, and that in (her) (our) opinio	on death occurred on the date and Hour and from the couses stated
		22b. SIGNATURE	0 41	DEGREE	22c. DATE SIGN D
		A	Scritters	ATTENDING PHYSICIAN	MEDICAL STAFF
		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	
		ANUSHA S	SIRITHARA		
	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATOR	23d. LOCATION CITYORTOWN STME
	. (	REMATION	1/2-26-81	WESTVIKE MEN	1 DALLOWCO MD
1	24 FI	INERAL DIRECTOR	-// A. A.	DRESS - 77X	TOREC'D. BY REGISTRAN HEALEGY WARS SIGNATURE
	_/	VEWELL !	TT. 1100 KE	ISIERSION NO	

YTTO CHAMILE BALLING TO THE PARTY OF THE PAR 1.50 m. 1.00 m THE HART OF EAST WAY A VINCENTIAL PLANT KENELL LITTLE PRICES IN A DELL'A CES 3 1, 1831 Thomas Jan Martin

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TX MONTH (TYPE OR PRINT) ESTI-Tracy 27 10 81 L. Drury DEATH MATED 4 RACE & AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF LINDER 24 HRS DATE 2d HOUR PRONOUNCED 1:15A 75 DEAD White 14 6 YRS 27 1981 Female. 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Maryland WIDOWED | DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS ENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE PABLICS. IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE PABLICS. EXAMINES ALONG WITH FORM PM. 3. RETAIN PAGE SALVA BURIAL. TRANSIT PERMIT PAGES 1 AND 2 SHOULD BE FILED. SALTH AND MENTAL HYGENE, DIVISION OF WITAL RECORDS, 201 VEREMATION, OR REMOVAL. FOR MOST OF WORKING LIFE) OR INDUSTRY University Hospital Baltimore N/A Student USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 113b. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 930 W. Lombard Street. 21223 Maryland NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Holleran Sandra William Drury Jr. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) Unavailable William J. Drury, Sr. 930 W. Lombard St. 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Smoke and soot inhalation DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A E CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HEA OF PRIOR TO BURIAL, C USED / 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NOX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING KOR CONTRIBUTING CAUSE OF DEATH 12:04xx 12 House fire TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE, WRITING: PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPAR BALTIMORE, MARYLAND (2) 20) PRIO 21e PLACE OF INJURY 714 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC. WHILE D NOT WHILE & STATE Md. 930 W. Lombard St. Balto. home 77s. I certify the brook charge of the remains Autopsy Suicide Undetermined manner TITLE (SPECIFY) ADEDUTY Chiefedical EXAMINER Thomas D. Smith. M.D. III Penn St. Balto. . Md. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Burial 12-30-81 Marriottsville Howard Crest Lawn Mem. Gardens 24 FUNERAL DIRECTOR **DHMH-17** Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VR A15 ME (5) 15M 2/80

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME LAST 20. DATE OF DEATH MONTH (TYPE OR PRINT) JOSEPH DUBACK, SR. DECEMBER 11, 1981 3. SEX 4. RACE 6 AGE | IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 6. BIRTHPLACE JE OR FOREIGN 76 CITIZEN OF WHAT 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED COUNTRY) DIVORCED [ CITY OR TOWN OF DEATH NAME OF HOSPITAL OR OTHER INSTITUTION 126 KIND OF BUSINESS OR BET USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13h COUNTY JTY LIMITS? 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY CARDIOPULMONARY ARREST IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF DEHYDRATION: MALNUTRITION Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NOX 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN WHILE NOT WHILE

220.1 certify that (I (this hospital offended the deceased from DECEMBER 11 pg 81, and that obove, (I/V kg) (did not) view the body after death and that in (my lour apinion death accurred on the date and hour and from the causes stated (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 12-11-81 DIRECTOR PHYSICIAN PHYSICIAN

224. PHYSICIAN'S NAME (TYPE OR PRINT) MUKESH LUHAR. 22e ADDRESSCHURCH HOSPITAL CORPORATION 100 N. BROADWAY, BALTIMORE, MD 21231

NO [

STATE

COUNTY

BURIAL		ST. STANI	SLA-US CEN.	CITY OR TOWN	COUNTY
THOMAS J. SKK	7RDA 2829	7 HUDSON	ST. WEETES	1987 ISTR	E NA P SI VIVIE

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

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WHITE FEB. 14, 1908 93 THE TIES - CHUTCH HOTE & HOSEL KETTERD DETH BING GEORGE INDESCRIPTION OF THE SAME OF THE LIVE THE THE STORES STEEL FILLER TO STAND STRUCKLES (SALE)

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2 28-81 114 SAMON DE Dawn BRITANCE (174 CALLERY PRO PERIOR OF THE PARE PARE The second second Section ( delinguistics of the ST Keesel Jain Former & William & Stopperson Merch J. Ber do His Sect West of England En THE SERVICE HAVE NOT THE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME DATE KNOWN 76 HOUR (TYPE OR PRINT) ESTI-FCTOR. R FILES. HOURS STREET, F. DEATH MATED Robert Dunn 6. AGE (IN YEARS IF UNDER 1 YR. 4 RACE . DATE OF BIRTH IF UNDER 24 HRS DATE 7d HOUR LAST BIRTHDAY) PRONOUNCED 5:51F 5 40 DEAD White 41 2719 81 TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK E PAGES 1, 2, AND 3 TO THE FORM PM 3. RETAIN PAGE SES 1 AND 2 SHOULD BE FILE ION OF VITAL RECORDS, 201 Truck Driver 3118 Georgetown Road Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 3118 Georgetown Road 21230 Marvland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME B. GIVE PAGES 1, WITH FORM PM II. PAGES 1 AND 2 DIVISION OF VITA MIDDLE Robert Dunn, Sr. Georgeanna Makibbin 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN)
YES 1958 to 1962 216-34-0287 Colleen V. Dunn 1414 Gordon Drive 21061 HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DI RIAL, CREMATION, OR REMOVAL. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute ethanol intoxication DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEALN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [6]. CERTIFICATION 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICALE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PROFE A SHOULD BE FORWARDED TO THE CHIEF! TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 20 AUTOPSY? DIVISION OF VITAL YES [ NO X 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 226. I certify that I took charge of the remains afficient above, held an Autopsy Inspection death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) Deputy Chiefedical EXAMINER 12/28/81 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto. MD. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 12/31/81 Buria1 Loudon Park Cemetery Baltimore Maryland 24. FUNERAL DIRECTOR ADDRESS 21229 **DHMH-17** Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VR A15 ME (5)

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1	E C	210. EXTERNAL CA			OF INJURY	DAY YEAR	21c. HC	OW INJURY OCCURR	RED (ENTER NAT	TURE OF INJUR	TY IN ITEM 18 P	PART 1 OR PAR	RT 2)		
		UNDERLYING CONTRIBUTING	CAUSE OF D	EATH 8: 38F	.m. 12-	7- 19 8	1 Si	bject sho	t.						
	8	21d. INJURY OCCU	JRRED	21e PLAC	E OF INJURY	(AT HOME,	21f. LO	CATION		CITY OR TOWN		CO.	UNTY		ATE
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			at I taak charae	of the remains	described abo	ve held on	Auton	y . Inspecti	an []	Inquiry [	7	d in my ap	vinian		
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4		TYPE OR PRINT)	ME A	nn M. D	ixon,	M.D.	-	ADDRESS111	Penn	St.					
2	3a BU	RIAL CREMATION	I, REMOVAL 23	b. DATE	23c. 1	NAME OF CEA		R CREMATORY	23d. LOC	ATION		COUN	UTV	STATE	
	(SP	Burial		12/11/81	W	est Vi	iew I	Idm Pk/			re, I			STATE	
	4 FU	NERAL DIRECTOR						250. DATE	REC'D. BY RI	EGISTRAR			IGNATURE		
L	La	w Funer	al Hen	ne 4611	Park	Height	SAT	e. DF	C 14 1	081	· ·	Va	W-	Then	
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	1.	FOR STATE REGISTRAR			DEPARTM	ENT OF I	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH		G. NO.	3 1	3 8 5
m .F		CEASED NAME	FIRST	3 74	MIDDLE		AST	20. DATE OF DEA			
		M	ary	M.	The state of	Dusm	an		12	2 12 8	1350 M
( MA	3 SE	X	4.	RACE		5. DATE (		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS D	EAR IF UNDER 24 HRS. ATS HOURS MIN.
140		EMALE	1	WHITE		1	26 06	75		rs.	
D ( )	70 B	RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CI	_	UNTY OF DEATH	4
7 m		MARYLAND		USA		WIDOWI	DIVORCED	Balto. C			MD.
Filed with	10. C	Balto.	тн 11	(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET A MEMORIA	DDRESS)	pital	126 USUAL OCCU	OST OF WORK	ING LIFE) TYPES	ATRE
must be	130.5	MD.	ng home or ot 13b. COUNTY		GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  BALTIMOR	ADMISSION)	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e. STREET ADDR 4300 N.		MAX	APT.4C
12 st	14. FA	ATHER'S NAME	AAIE	ODLE	LAST	TIME	15 MOTHER'S MAIDEN N	AME	OLE		LAST
E 3		EDWARD		1.	MAGRUDER		AMELIA			LAUTE	ENKLOS
Pages		VAS DECEASED EVER I		D FORCES?	166 SOCIAL SECU		17 INFORMANT	Α	DDRESS	A TREAT	
Pog	'	NO	( ,		704-12-74	475	CLAYBOURN J.	LANGLOTZ	66 1	BELFAST	RD. 21093
been signed by the commit. Then please remonants to burial, cremation, or other tre	CERTIFICATION	Conditions, if ony, gove rise to imm cause (o), stating underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT	ediote 3 the last.	(c)		EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR		N GIVEN IN PAR	
ows of	TIFIC		Neger					YES NO	INC	ERTIFÝING CAU YES 🔲	ISES OF DEATH?
buriol-transi Mental Hygi or Item 18 sh		210. ACCIDENT WAS UND. OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME C HOUR A. P.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE O	IN URY IN ITE	M 18 PART I ORPART	2)
e as the bu	MEDICAL	21d INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	LE 🗆	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC )	21f. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
of for use of of Heal		220.1 certify that (II) saw the decease abave, (I) (we)(Id	alive on_	12/12/	19 19		nd that in (my (aur) opinion	to 12/10 death occurred an t	/		the causes stated
e Dep		CONSU	uddl	eston	MD.		ATTENDING	MEDICAL DIRECTOR PH	STAFF		7-12-87
should be derived with the State		274 PHYSICIALS NA	ME ITHE CAN T. Hu	dd (e8			22e ADDRESS	Memoria		-	
	23a	BURIAL CREMATION, P		236. DATE DEC. 15			PARK CEM.	BALTIM	ORE	COUNTY	MD.
30M 2/80		UNERAL DIRECTOR		17,12	ADDRESS	BU	25a. DA	ATE REC'D. BY REGIST	RAR 25b. RE	GISTRAR'S SIGI	NATURE
A 15, 4)	M	ITTCHELL-WT	EDEFET	D HOME	6500 YOF	K RD	21212	EO 1 7 100	17 /	SAME SAME	e llaster

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled this should be detached for use as the buriol-transit permit. Then please remove corbonopaers. Pages Lond 2 struttle filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayol.

		FOR		DEDARTM		E OF MARYLAND EALTH AND MENTAL HYG	ENC 8 1	3	1	3 6	
	1.	STATE REGISTRAR	1	DEI ARTI		ICATE OF DEATH	REG. N	10			
		CEASED NAME FIRST		MIDDLE	-	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR	
	(TIPE	GET	RIPUDI	=		EADES	) :	2 17	81	4 A.	
	3. SE.	Х	4 RACE		5. DATE C		6 AGE   IN YEARS LAST BI		UNDER TYEAR	IF UNDER 24 HRS.	
17		F	B		1300M	DAY YEAR	58	YRS.	DAYS	HOURS MIN.	
had		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARDIE	NEVER MARRIED	9 BALTIMORE CITY		FDEATH		
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H		Balto.	11. NAME OF A	OSPITAL, NURSING HEACHLITY GIVE STREET A	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST (	ION	126 KIND O INDUSTRY	F BUSINESS OR	
1	USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION			130			
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00	100	FIRST	WIDDLE	LAST		FIRST	WIDDLE		LAS		
		VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDR	ESS	-19		
1		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	214-22-6	992A	Medical Rec	ords	City Hos	sp.		
		18 CAUSE OF DEATH (Enter of PART ), DEATH WAS CAUSE	nly one couse per	line for (a), (b), and	lic				APPROXI	MATE INTERVAL	
	9	-27									
		5990 DUE TO, OR AS A CONSEQUENCE OF									
		Conditions, if any, which	(b)_	Deh	ude	ation			10	lan	
		gove rise to immediate cause (a), stating the	DUE TO, OI	R AS A CONSEQUE	NCE OF			- 102		1	
		underlying couse last.	(c)_	coin	any	tract into	etion		14 d	ays.	
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 10	-	
	TIO	multiple		rosis.					1		
G	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH (	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN	ERE FINDIN	GS USED OF DEATH?	
4	RTI	as accident was in previous. F	7 011 71115 0	C to 111 (D)		In the second	YES NO	YES [		NO 🗌	
4	_	? TO CONTRIBUTING CAUSE OF DE			Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM TO PART	1 OR PART 2]		
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	MEC	WHILE NOT WHILE	21e PLACE (	EET FACTORY OFFICE FA	RM, ETC )	21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	
	13	22a. I certify that (I (this hosp	ital) attended the	deceased from	1-3	10 27	, la	- 17 10	8)	that (1) we lost	
		sow the deceased alive or above, (ii) (we) (did ) (did no			31 , on	d that in my (our) apinion d	eath occurred on the de				
		22b. SIGNATURE	t) view the body	offer death.		DEGREE	-		22c. DATE S		
-0.0	337	R.	Roch	1000	n	ATTENDING PHYSICIAN TO	MEDICAL STA		121	17/81	
1		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	-CCX		22e ADDRESS	DIRECTOR	TAN		1.101	
		JURIAL, CREMATION, REMOVAL	23b DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION				
	(	Removal	12/22				CITY OR TOWN	C	OUNTY	STATE	
1	24 FL	INERAL DIRECTOR				250 DATE	REC'D. BY REGISTRAR	25h REGISTRAL	R'S SIGNATI		
	A	natomy Board	Bal	to., Md.		JAN.	4 1982 /	name	etendle.	Ech.	

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Rocords City Forp.	2-6992a Medical		.mlm.
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		13/22/11	LETTOTTE L

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

TayTor Funeral Chapel Annapolis, Md.

DHMH - 16 50M 1/B1

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

25a. DATE REC'D. BY REGISTRAR HE BEGISTRAL HOME

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		ECEASED NAME FIRST PE OR PRINT)		MIDDLE		LAST	26. DATE OF DEATH		DAY YEAR	2b. HOUR
	L		IUEL	EA	SLEY		DECEMBER		1981	9:45p _M
	3. S	Male	4. RACE B1 a	ole.	S. DATE (	H DAY YEAR	6 AGE (IN YEARS LAST BIRT	HOAY)	MONTHS DAYS	HOURS MIN.
	70			WHAT COUNTRY?	Sep	5, 1920	9 BALTIMORE CITY OF	YRS.	OFDEATH	
3	10	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	U. S.		MARRE	D NEVER MARRIED .	BALTI:MORI	-	CITY	MD.
Page 1		Baltimore	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION HOSPITAL	12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Laborer		E) INDUSTRY	FBUSINESS OR
Twest be	USI	JAL RESIDENCE (IF NURSING HOME STATE IS CO	OR OTHER INSTITUTION		ADMISSION)		13e STREET ADDRESS 2634 Matte	ws St		
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0 7	160.	WAS DECEASED EVER IN U.S. A	ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
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S an	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO	IN CERTIF	S, WERE FINDING CAUSES	OF DEATH?
Mental Hygie or Item 18 sha	MEDICAL CEI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED)	DEATH HOUR A		3" / /-/4	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	PART 1 OR PART 2)	
th and I	WE	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOV	VN	COUNTY	STATE
of Heal		22a. I certify that (I) (this has sow the deceased alive of	on 12	120/919	12/	nd that in (my) (our) opinion d	eoth occurred on the do	te and hou		that (I) (we) lost couses stated
ote Dept		77% SIGNATURE	HR.	her 1	70		MEDICAL STAF	FIAN	22c DATE	20/31
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; ≥ ≥	230	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. 1	NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	W. W.	COUNTY	STATE
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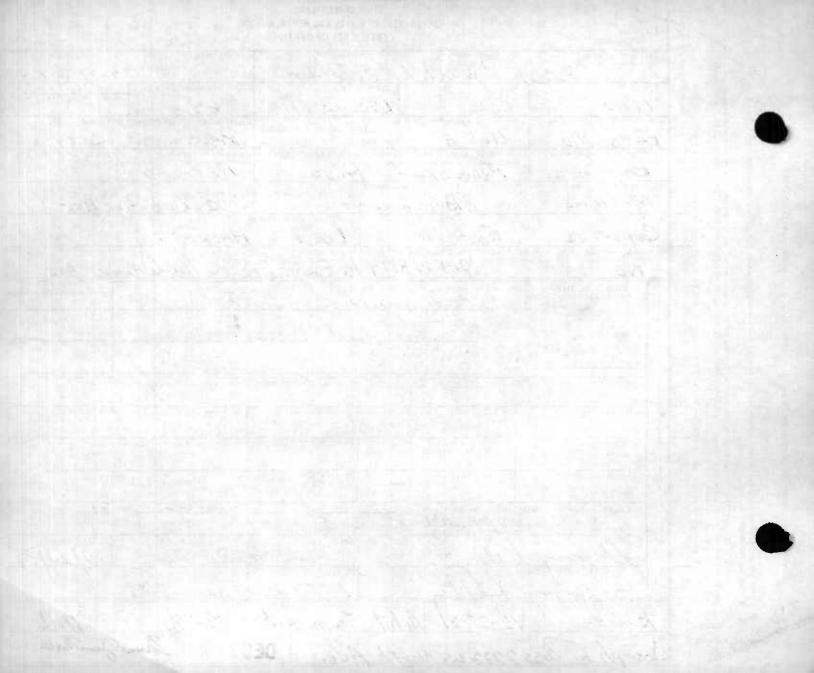
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X			FOR STATE	DEPARTMENT OF	HEALTH AND MENTAL H		1 3 7 0
			REGISTRAR CEASED NAME FIRST	MEDICAL EXAMII	NER'S CERTIFICATE C	KEG. 140.	
			CEASED NAME FIRST	0 1/	LAST	20. DATE KNOWN MONTH	DAY YEAR 26. HOUR
	PLEASE ECTOR. FILES. FOURS TREET,			Roscoe K.	E <b>B</b> ersole	DEATH MATED 12	16 19 81 M
	A CHEST	3. SE		5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTH			DAY YEAR 2d HOUR
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-	SS A SE	Ja B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARR	9. BALTIMORE CITY OR COUN	ITY OF DEATH
	NEGES S. WITH S. WITH		PA	USA	WIDOWED DIVORC		City MD.
	AY IS THE FILED.	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM	E, OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	176. KIND OF BUSINESS OR INDUSTRY
		Ba	ltimore	University	Hospital	MINISTER	CHURCH
=	ANY DELAY RETAIN PA HOULD BE FI		AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION GIVE DESIDENCE REFORE ADMIS			
2120	AND 3 RETAIN SHOULD L RECORD	130 3	PA BE	DFORD 136. CITY OR TOWN	YES X NO	905 MAIN ST	
9	1. F	14-F	ATHER'S NAME		15. MOTHER'S MAIDE	EN NAME	
m,	E2832/10		SIAH	EBERSOLE	LUCK	MIDDLE KEG	SARISE
AO	-04	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECURI		ADDRESS	SMATTIC
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	JRS AFTER 3. GIVE PA WITH FOR MITH FOR I. PAGES 1 DIVISION	- (Y	ES, NO, OR UNKNOWN) (IF YES, GIVE	0 211-26-1	280 LILLIANA	EBERSOLE 905 MIN	15/2 116/58
*	A SA SEL			nly one cause per line far (a), (b), and (c).)	A 20   10.	SAXI	APPROXIMATE INTERVAL
ST.	O CONTIN		PARTI DEATH WAS CAUSE	DBY: Antoniocolo	rotic cardiovas	cular disease	BETWEEN ONSET AND DEATH
O NO	11EM ITEM IONG IONG GIEN		4792 IMMEDIA	TE CAUSE (o) AT LET TUSC TE		icarai arscase	
RES	THIN 2. VER ALC ANSIT PAL HYG AL HYG REMOV		Conditions, if any, which		01		Hara Life and the
× .		-	gave rise to immediate cause (a) stating the under		0.5		
2	022		lying cause last.	DUE TO, OR AS A CONSEQUENCE	OF		
5,2	5 3 5 5 5	1.0	BADT 2 OTHER CIPHITICANY CONDITIONS	( (c)			
250	D BE EXE ENDING MEDICA AS A BU CREMA	z	TAKE Z UTITEK SIGNIFICANT CUNUITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEN	MINAL DISEASE OR CONDITION GIVEN IN PA	RT 1 Hol.	
EC	AS CRE	CERTIFICATION	190, DATE OF OPERATION	196. CONDITION FOR WHICH OPE	DATION WAS BEREORMED?		7
N.	SHOULD DRD "PE CHIEF A CHIEF A CHIEF A CHIEF A URIAL,	2	170. DATE OF OPERATION	196. CONDITION FOR WHICH OPE	KATION WAS PERFORMED?		20 AUTOPSY?
7	S S S S S S S S S S S S S S S S S S S	Ē	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	Tal. How him by occurre		YES NO LXX
Ö	A HORSE		UNDERLYING OR	HOUR A.M. MONTH DAY YEA	R ZIC HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P.	ART 2)
o o	CERTIFICATE SHOUL TING THE WORD "F DED TO THE CHIEF 3 SHOULD BE USED DEPARTMENT OF H 1 PRIOR TO BURIAL,	Ş	CONTRIBUTING CAUSE OF	DEATH P.M. 19  21e PLACE OF INJURY (ATHOME.	711 LOCATION		
<u> </u>	S CER REJED SE 3 S SE 3 S	MEDICAL	WHILE WOT WHILE	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN CO	DUNTY STATE
D	WRIT WARD VARE VAGE TATE (		AT WORK AT WORK				
	ATE, ORV		220. I certify that I took char-	ge of the remains described above, held an	Autopsy , Inspection	n XX Inquiry , and in my a	pinion
	SE S		death resulted fram: Natu	ral causes Accident , S	uicide . Homicide .	Undetermined monner .	
	ARIA ARIA		11/9		TITLE (SPECIFY)		
	CAL EXA THE CER SHOULD RAL DIR ATH, WI PRE, MAR		ACTUAL SIGNATURE	nuan	M.D. Assistar	1t MEDICAL EXAMINER SIGN	12/17/81
	SEA SEA	-					
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SHOULD BE BALTIMORE, MARYLAND,		EXAMINER'S NAME (TYPE OR PRINT)	ormez R. Guard, M.D.	ADDRESS	Penn Street, Balto.	, MD 21201
	524 5 F A B	23a.B	URIAL, CREMATION, REMOVAL		METERY OR CREMATORY	23d. LOCATION	INTY
	BP	(	DURIAL	12.20-81 GRA	NDVIPU COM.	SAXTON TAI	6678
	DHMH-17	24 F	UNERAL DIRECTOR	ADDRESS	25a. DATE	REC'D. BY REGISTRAR TO REGISTRAR	GNAME
	(VR A15 ME (5))	51	ACK FUNRADI HO	MIK TELICOTT City Mil 1	1043	0 0 1201 0 mm	The same of the sa
	15M 2/80	1	LIC LYNRAGI /YE	TIS CONTENT CARY PORCE ?	1043		

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15	1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH A CERTIFICATE (		ENE 👸	0 1 0	7 1
GIA .		CEASED NAME FIRST	m. Robert L. Ecles	len		MONTH DAY YEAR	26. HOUR
o after a	1.56	MALE	A RACE S. DATE OF BIRTH	3 1910	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS  YRS.	IF UNDER 24 HRS HOURS MIN.
B		IRTHPLACE (STATE OR FOREIGN DUNTRY)  ALTO MIN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEW	VER MARRIED DIVORCED	BALTIMORE CITY OF	COUNTY OF DEATH	Y MD
led with	10. C	BALTIMURAS	11. NAME OF HOSPITAL, NURSING HOME OR OTHER (IF. NOTHER STREET ADDRESS)	INSTITUTION	12a. USUAL OCCUPATION (TYPE OF MORK FOR MOST OF	ON 126. KIND OF INDUSTRY	BUSINESS OR
fulled in could be to	USU 130.		R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 134. INSI	IDE CITY LIMITS?	13e. STREET ADDRESS	10 HILL AVE	
350	14 F.	ATHER'S NAME FIRST FIRST	MIDDLE FORTH LAST	HER'S MAIDEN NAM FIRST	HACKET	LAST	
Poges		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFO REWAR OR DATES! 214 14 8/14 MOE	FURENE LO	ELENE 7110	WALNUT H	AATE INTERVAL
ormit. Then please rem to prior to buried, common os eny injury, or ether to	CERTIFICATION	gave rise to immediate cause (a), stating the underlying couse last  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  196 CONDITION FOR WHICH OPERATION WAS PE		20a AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES (	GS USED OF DEATH?
of transity not Hygier m 18 show	- 7.01	TIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR	W INJURY OCCURRE	YES NO	YES THE TEM 18, PART 1 OR PART 2	ио 🗍
rked or ill	MEDICAL	21d. INJURY OCCURRED  AT WORK	21e. PLACE OF INJURY 21f LOC	CATION	CITY OR TOW	N COUNTY	STATE
of Health		22a. I certify that (I) (this hasp	ital) attended the deceased from  Dec 32, 48/19 5 . ond that in	(m) (our) opinion de	to Dec 22	te and hour and from the c	hat (I) (we) lost couses stated
detached ote Dept.	1	Lufor,	Lella	ATTENDING PHYSICIAN	MEDICAL STAF	F 12/	24/87
o Funes hould be in the Sa		PHYSICIAN'S NAME TYPE OF	APRINTI LELLA 220 ADI	DRESS	East	58,	/
- 3 7 5	230.	BURNAL CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY	OR CREMATORY,	23d LOCATION	COUNTY	ncl.
16 50M 7/77	24 F	UNERAL DIRECTOR	ADDRESS	25a. DATE	REC'D. BY REGISTRAR	SI DEGISTRAD'S SIGNADO	NE TI



Lorder to Large has a made of the state of the second MAY 5 1982 22 ----

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remayal.

DHMH - 16 50M 1/81 (VRA 15, 4)

injury, or other traumatic

MPORTANT: If Item 21 is marked ar Item 18 shaws any

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

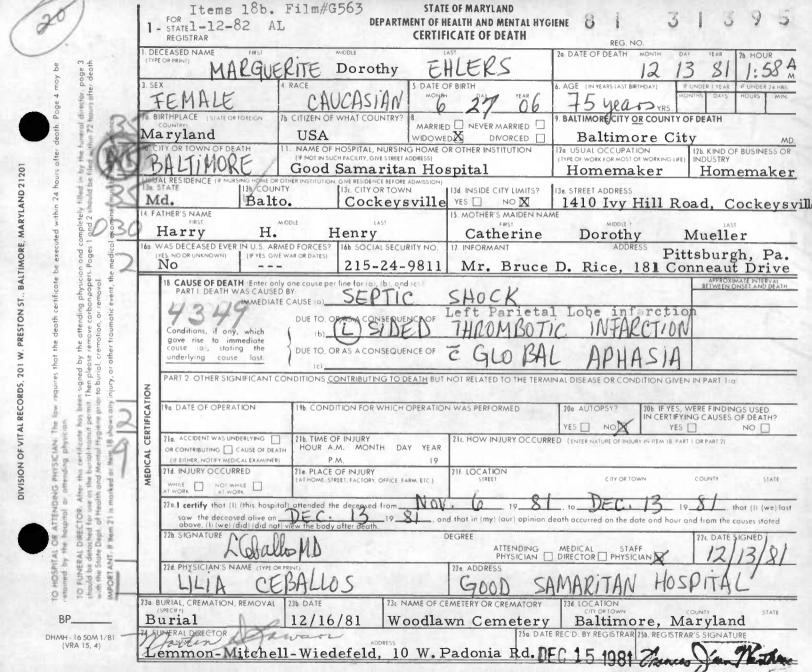
	REGISTRAR			CLICIT	TORIL OF DEATH	REG.	NO.		
	DECEASED NAME FIRST		MIDDLE	-	LAST	20. DATE OF DEATH	MONTH DAY	Y YEAR	2b HOUR
L	Freid	la	E.	Edwa	ards	December	17, 198	1	37 A M
3	SEX	4 RACE	THE STREET		OF BIRTH	6. AGE (IN YEARS LAST		UNGER I YEAR	
	Female	Wb	ite	Feb	17, 1903	78	YRS. MO	NIHS DAYS	HOURS MIN.
70	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY		FDEATH	
ALS	Maryland	U.S	.A.	WIDOW		Baltin	nore Cit	У	MD.
/ 10	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS OR
	Baltimore		n Memoria		spital	Medical	Secreta	ry	
13	OUAL RESIDENCE (IF NURSING HOME OF A 13b. COU		13c. CITY OR TOW	N	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRES	Balt.		21239
-	Maryland		Baltimo	re	YES 🔼 NO 🗌	1319 E.	Belvede	re Ave	e. Apt. 1
14	FATHER'S NAME FIRST August	MIDDLE	Brand t		15 MOTHER'S MAIDEN NAM	ME	Not Kn	own LAS	ST
16	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMANT Son:	ADD	RESSMt. L	Torus	N T
	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	216-03-4	689	Donald L. Co	burn 153	Pebbleb	rook I	Lane
F	18 CAUSE OF DEATH (Enter of	nly one cause ne	line for (a) (b) and	1 icul				APPROX	ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY:	7	-	Latrice, Thing	mbosie		UN	
	4100 PIMMEDIA	TE CAUSE (o)	orona	10/1	A TO VIG TO VIC				rucas
	1100	DUE TO, O	R AS A CONSEQUE	NCE OF	1 /1- 4/2	+ Decas	40	4	12
П	Canditians, if any, which	(b)_	STRONG	my	triory its	201014		u	house
Н	cause (0), stating the underlying cause tast.	DUE TO, O	R AS A CONSEQUE	NCE OF				6-9	
		( (c)_							
Z	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVEN	IN PART 1	a¹
CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	20g AUTOPSY?	20b. IF YES, V	VEDE EINIDII	NGC USED
FIC	The DATE OF CIERANOIS	178. COND	TOW TOR WITHEIT	OFERATIO	MA WAS FERFORMED		IN CERTIFYIN	G CAUSES	OF DEATH?
1 6	21g. ACCIDENT WAS UNDERLYING	1 21b. TIME C	F IN HIRV		121/ HOW IN HIPV OCCUPE	YES NOW	YES [		NO 🗆
			M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	1 OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		M	19					
ME	21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE (AT HOME, STE	OF INJURY REET FACTORY, OFFICE, FA	RM, ETC }	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	AT WORK AT WORK			1			1-		
1	220.1 certify that (1) (the hosp		e deceased from		26166,19		17 19		that (I) (me) lost
	saw, the deceased alive an	t) view the body	- 20, 149	8 , 0	nd that in (my) (and opinion o	death occurred on the	date and hour a	nd fram the	couses stated
	The SHENATURE	1.			DEGREE			22c. DATE	SIGNED
	1 month	- Dur	seno &	_ '	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF	17.	-121181
1	22d THYSICIAN'S NAME (TYPE C		0		22e ADDRESS				
	Dr. Martin	L. Singe	wald M.I	).	11 E. Cha	se St. Ba	altimore	, Mar	yland
23	BURIAL, CREMATION, REMOVAL	Contract Con			EMETERY OR CREMATORY	23d LOCATION		OLIVER	
	Burial	Dec 21	1981 08	ak La	wn Cemetery	Balti	nore	Mar	yland

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

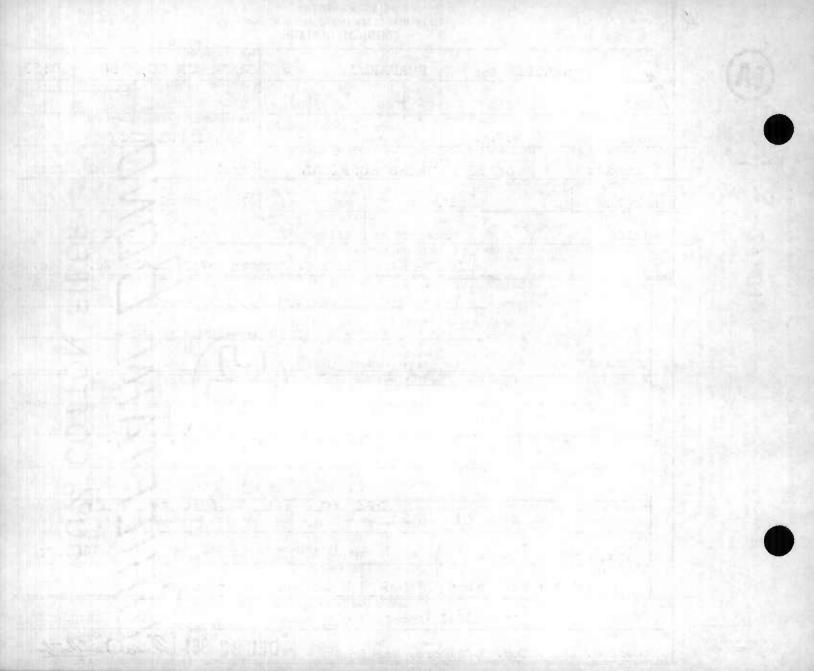
BY REGISTRAR 256. REGISTRAR'S SIGNATURY or the 250 DATE REC'D.

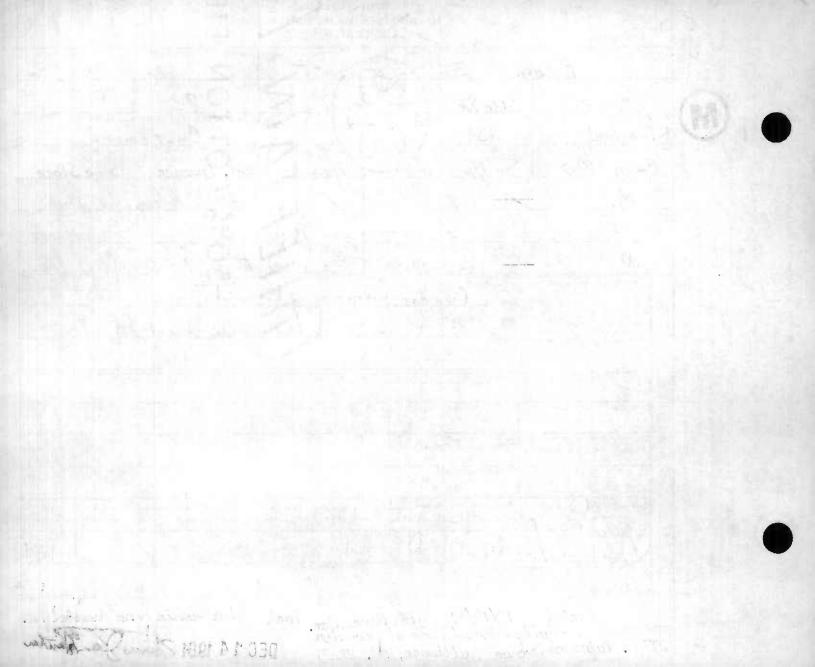
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-LOUIS ELY DEATH MATED 12 21/202 81 3. SEX 4. RACE A AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. S. DATE OF BIRTH 2d. HOUR 2c. DATE MONTH DAY YE AR LAST BIRTHDAY PRONOUNCED DEAD male negro 193 8a M 19 81 RD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL IT HIFF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUSED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN OF HALTH AND MENTAL HYGENE, DIVISION OF VITAL PECORDS, 201 W. PRESTOR IRIAL, CREMATION, OR REMOVAL. To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City Virginia
10. CITY OF TOWN OF DEATH U-S WIDOWED DIVORCED 120. USUAL OCCUPATION STYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE) 800 Harlem Ave. Baltimore Retired aborer USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13e, STREET ADDRESS 13b COUNTY 13d. INSIDE CITY LIMITS? 800 Harlem Ave. Maryland Baltimore 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Madison Bessie Henry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16h SOCIAL SECURITY NO. RtADDRES Box 496 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES! 216-36-6230 Mattie Coleman Fredericksburg, Va. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple stab wounds DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULL EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 20. AUTOPSY? YES X NO 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 12-21/229 81 Subject stabbed 210 PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE Harlem Ave., Balto. COUNTY Md WHILE AT WORK TO NOT WHILE home 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion Hamicide X death resulted from: Natural causes Suicide Undetermined manner TITLE (SPECIFY ACTUAL 12-22-81 Assistant MEDICAL EXAMINER DATE SIGNATURE SIGNED EXAMINER'S NAME 111 Penn St. Dixon. (TYPE OR PRINT) ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 23d. LOCATION COUNTY STATE Buria] Second New Home RP Spotsylvania 24 FUNERAL DIRECTOR 750. DATE REC'D. BY REGISTRAR Juneral Service, Fredericksburg DHMH-17 DEC 30 (VR A15 ME (5)) 15M 2/80

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A	1.	FOR STATE REGISTRAR	ST DEPARTMENT C CER	REG, NO.	3139		
		CEASED NAME PIRST	WIDDLE	hael	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR	
1	3. SE		T	TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24	
1)		Male	MI	DAY YEAR 5 28 95	0.0	MONTHS DATS HOURS A	
	le Bi	RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? B.	RIFD NEVER MARRIED	9 BALTIMORE CITY OR COUN		
5		Md.		WED DIVORCED	BALTIMORE CIT	Y	
Fied 1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HON (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		12a USUAL OCCUPATION	12b. KIND OF BUSINESS	
017		BALTIMORE	UNION MEMORIAL H	OSPITAL	Plumber	Retired	
			OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSH JNTY 136. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
	_	Md	Balto.	YES NO 15. MOTHER'S MAIDEN NA	3229 Orland	o Ave.	
DC	1 FA	FIRST	MIDDLE	FIRST	WE	LAST	
	δn ∨	William  (AS DECEASED EVER IN U.S. A	Engel RMED FORCES? 166 SOCIAL SECURITY NO	Gussie	ADDRESS	Twill	
medical		ES, NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)			0 1- 7 7	
₽ P		no	219-01-257 only one couse per line for (a), (b), and (c)	31 Pauline H	Engel 3229	APPROXIMATE INTERV BETWEEN ONSET AND D	
hows ony injury, or other	CERTIFICATION	ASCUD, ?	CONDITIONS CONTRIBUTING TO DEATH  198 CONDITION FOR WHICH OPERA  Fractured	BUT NOT RELATED TO THE TERM  TION WAS PERFORMED	200 AUTOPSY? 20b. IF 1 YES NOTE NOTE IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO	
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH DAY YE	21c. HOW INJURY OCCURI	RED (ENTERNATURE OF INJURY IN JEM )	ethrons all	
0 0	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME) STREET, FACTORY, OFFICE, FARM, ETC	3229 Orlan	So Ave. CITY OR TOWN 1 to	City . Was	
34		22a. I certify that (I) this has	- 112 81	2/14 19 81		, 19_ <b>\$</b> , that (1) @	
m 2		sow the deceor dive o obove (1) we) did (did r	not) view the body ofter death.		death occurred on the date and h		
± ± ±		David	Collins n	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/17/8	
MPORTAN		David D.	Collins MD	500 W. Uni	versity Phay,	Belto., md.	
≥ 2		URIAL, CREMATION, REMOVA		F CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STAT	
	_	Burial	12-21-81 Wood:	Lawn Cem.	Balto.	Ma.	
2		INERAL DIRECTOR	er Inc. 6415 Bela	250. DAT	EC22 1981	ISTRAR'S SIGNATURE	
	U	OIII C. MILLI	er Tuc. 04TD ReTg	TT KO.	CO 0 0 13011 0/4	//	

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	1	- STATE REGISTRAR				ICATE OF DEATH	REG NO.	
4		ECEASED NAME FIRST	EZYN	H		NG LE	20 DATE OF DEATH MONTH DATE	20 1100K
75 OTT-	3 SI	FEMALE	4 RACE CAUSS	SIAN	5. DATE O		The state of the s	UNDER LYEAR IF UNDER 24 HR
Sure.	Ja E	IRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City  Baltimore City	
Softfied with	10 0	Baltimore	11. NAME OF (IF NOT IN SUC Ba 1	HOSPITAL, NURSIN CH FACILITY, GIVE STREET Limore C.	ADDRESS)	or other institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Medical Records	126 KIND OF BUSINESS OF INDUSTRY HOSP
Samuel Per	13a	AL RESIDENCE (IF NURSING HOM STATE 136 CC	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE  13c CITY OR TOW  Baltimos	/N	13d INSIDE CITY LIMITS? YES MO	13. STREET ADDRESS 6621 Hudson Stre	eet 21224
300		ATHER'S NAME PERST	MIDDLE L.	Coleman		15. MOTHER'S MAIDEN NA FIRST Emma	ME MIDOLE	Guthiel
medical		WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	216 01		John S. Eng	ADDRESS le 6621 Hudson St	reet
notic event,	7	18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU	IATE CAUSE (a)	CATRDIOL OR AS A CONSEQUE	ENCE OF		REJT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
crematio		Obnditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, O	OR AS A CONSEQUE		HRREST 9	181 WITH HY120X1A	3 1113/1/43
ury, or	z			SIP MI	6/8 DEATH BUT	NOT RELATED TO THE TERM	CARDITIS AND CHIA	
ows ony injury, or	TIFICATION		DARETE	SIP MI ONTRIBUTING TO I	6/8 DEATH BUT PERTE		100 AUTOPSY? 200. IF YES, V	
tem 18 shows ony injury, or	CAL CERTIFICATION	PART 2 OTHER SIGNIFICAN	DV ARETE	S/P M) ONTRIBUTING TO I	6/8 DEATH BUT PER TO OPERATIO	NOT RELATED TO THE TERM TNSI ON N WAS PERFORMED	200. AUTOPSY? 200. IF YES, IN CERTIFY!	WERE FINDINGS USED NG CAUSES OF DEATH?
ri orra mentai nygiene prior ta burial orked ar Item 18 shaws any injury, or	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN  BOR DEPLINE  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DV ARETE  19b COND  19b COND  COEATH HOUR A. HER)  21e. PLACE	ONTRIBUTING TO.  S A HYP  ITION FOR WHICH  OF INJURY  M. MONTH D.	DEATH BUT PERTO OPERATIO AY YEAR 19	NOT RELATED TO THE TERM TNSI ON N WAS PERFORMED	200. AUTOPSY? IN CERTIFY YES NOW NOTE OF THE YES.	WERE FINDINGS USED NG CAUSES OF DEATH?
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e Dept. of Health and M		PART 2 OTHER SIGNIFICAN  BOR DEPLINE  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFF MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK NOT WHILE SOW the deceased olive obove, (I) (we) (did) (did 22b. SIGNATURE	DI ABETT  196 COND  196 COND  216 TIME CO HOUR A. HOUR A. 21e. PLACE (AT HOME, ST  an not) view the body	ONTRIBUTING TO I	DEATH BUT DEATH BUT OPERATIO  AY YEAR 19  FARM.ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21t HOW INJURY OCCUR  21t LOCATION  STREET  , 19 8  and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [	200. AUTOPSY?  200. IF YES,  YES NO S  RED (ENTER NATURE OF INJURY IN JIEM 18, PAR  CITY OR TOWN  10 19 19 19 19 19 19 19 19 19 19 19 19 19	WERE FINDINGS USED NG CAUSES OF DEATH? NO TORPART 2)  COUNTY STATE
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STATE OF MARYLAND

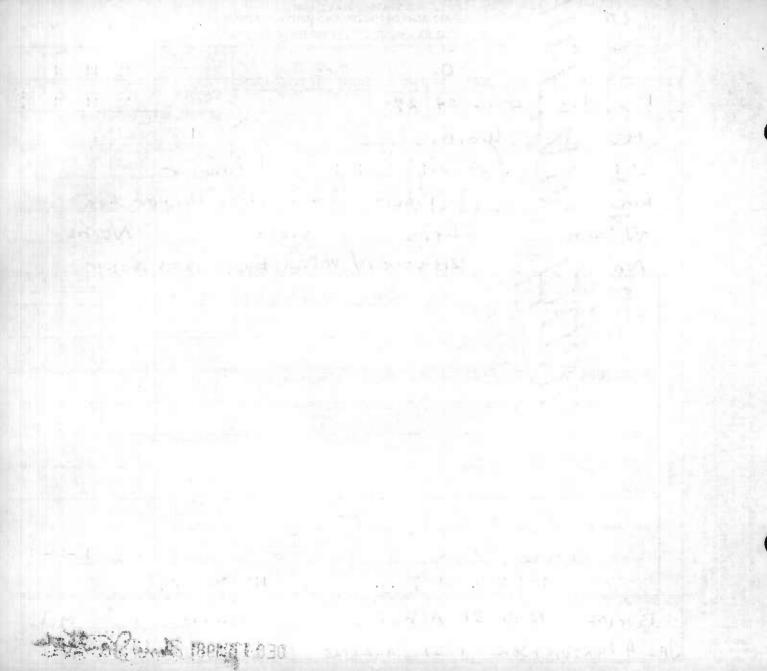
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. N 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF ESTI-**EPPS** EPPES ALONZO 12-30-81 DEATH MATED SEX 4. RACE 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 65 VDC PRONOUNCED 2 11 16 12-30-81 male black DEAD TO BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY! USA Baltimore City N.C. WIDOWED [ DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS McDonough Street FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 805 McDonogh St. MD Baltimore YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Hunt MIDDLE FIRST MIDDLE Marie **Eppes** Drewery 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! Merrill J. Eppes 717 E. 22nd. St. 218-01-4376 Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED AS A BOY OF HEALTH CERTIFICATION 190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR YES [] NO P DEPARTMENT 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE COUNTY STATE 21201 Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian TO MEDICAL EXAMINE
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE P
TO FUNERAL DIRECTE
AFTER DEATH, WITH THE
BALLIMORE, MARYLAN death resulted from Natural causes Undetermined manner Hamicide TITLE (SPECIFY) ACTUAL DATE 12-30-81 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 4/82 Veteran Cem Burial MD Crownsville 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH-17** 1101 E. North Ave. (VR A15 ME (5)) Wm. C. March F/H 15M 2/80

ETTER COMPANY SERIES NAT .

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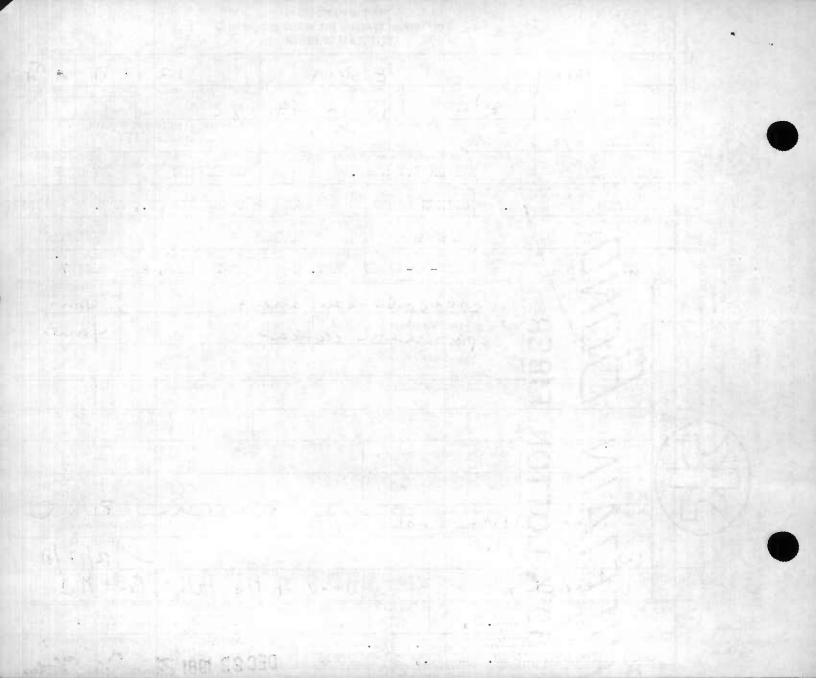
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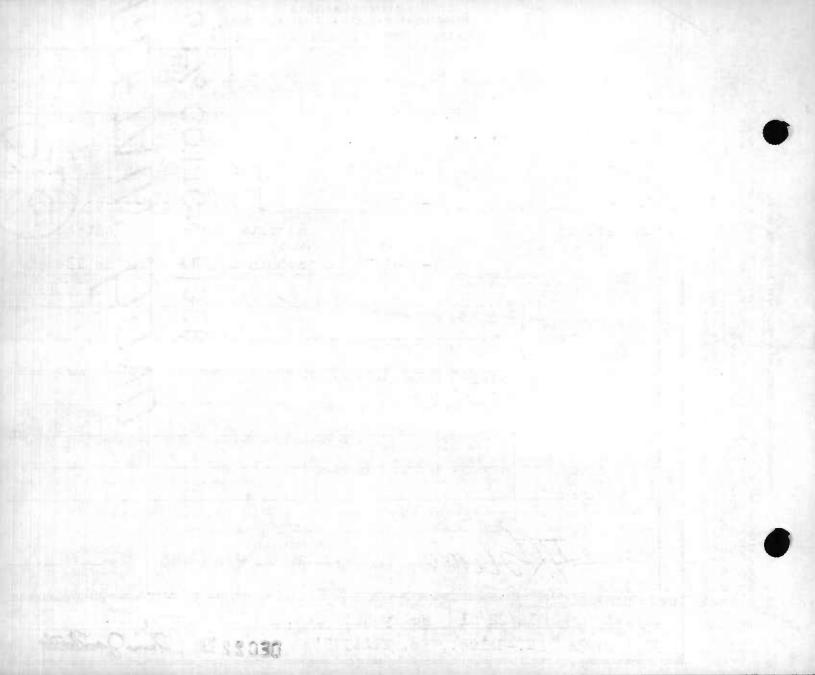
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

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H		FOR STATE REGISTRAR		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENS  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.									
		CEASED NAME	FIRST		WIDDLE		LAST	2a. DATE OF		AONTH DAY	YEAR 26 HOUR		
LES. S. EET,			Franc		J		Erline ,	Sr. DEATH	MATED XX		19 81 M		
ESART, PLEASE ERAL DIRECTOR. R. YOUR FIFES. THIN 72 HOURS RESTON STREET.	3. SE)		hite 5.	DATE OF BIRTH	year 6. AGE (IN YE LAST BIRTHD	AY) MONT	DER 1 YR. IF UNDER	24 HRS. 2c. DAT MIN. PRONOU DEAL	NCED 10	19	1981 7:4QA		
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S CINE	I	Maryland		U.S.A		WIDOW	ED DIVORC	ED 🗆 Ba	ltimore	-	MD.		
RE, MD. 21201 EATH. IF ANY DELAY IS NECESSA ES. 1. 2, AND 3 TO THE FUNERAL APM 3. RETAIN PAGE 5 FOR Y AND 2 SHOULD BE FILED, WITHIN	В	altimore		(IF NOT IN SUCH FACE	PITAL, NURSING HOM FILITY, GIVE STREET ADDRESS! Sinclair	Lane	ER INSTITUTION	FOR MOST OF WE Sanitat	RKING LIFET	OR	D OF BUSINESS INDUSTRY Lto. City		
21201 F ANY D AND 3 RETAIN HOULD RECORE	13a. S	AL RESIDENCE (IF IN TATE A ryland	13b, COUNTY		eresidence before admiss 13 CITY OF TOWN Baltimo	re	13d. INSIDE CITY LIMITS?	13°3 TREET 4005	inclai	r La.	21213		
ORE, MD. DEATH. III NGES 1, 2, RM PM 3. AND 2 S OFNITAL	14. FA	rank Er	Line '	WIDDLE	LAST		15. MOTHER'S MAID! Albe:	NAME	MIDDLE	Wats			
BALTMORE, MD. 21201 S AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND TH FORM PM. 3, RETA PAGES 1, AND 2 SHOUL VISION OF VIJAR RECO	(Y)	VAS DECEASED EV ES, NO, OR UNKNOWN) VO	ER IN U.S. ARME		217-16-1		Elizabet	th Erlin	ADDRESS e Sam	e as 1	.3e		
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TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM AFTER DEATH WITH THE ST BALTIMORE, MARYLAND, 2		27a. I certify the death resulted from ACTUAL SIGNATURE		[].	ribed obave, held an Accident , Su	Autap	Homicide TITLE (SPECIFY)	Undetermined m	anner .	my opinion  DATE SIGNED	12/19/81		
TO MEDIC EXECUTE TO PAGE 4 SI TO FUNER PATER DEA		EXAMINER'S NAM (TYPE OR PRINT)	Horme	z R. Guar	rd.M.D		ADDRESS 111Pe	nnStreet.	BaltoM	D 2120	1		
PBP	(5	urial, cremation Pecify) Burial	]	DATE 12/22/8	23c. NAME OF CE	Hil	1 Cem.	23d LOCATION CITY OF TOWN Balti			STATE		
26 DHMH - 17 (VR A15 ME (5)) 15M 2/80	24 FI	3331 Br	Schimu ehms La	inek Fur aBærto	neral Hom	1213	nc. 250. DATE	C 2 2 198	AR 1756 ASSISTR	AR'S IGNA	Vestler		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

City Raltimore 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY 3946 Southclair Rd. Snowden ADDRESS Rd. 3946 Southclair 20h. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22r. DATE SIGNED DIRECTOR PHYSICIAN Baltimore, Md. STATE Baltimore Cem. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR DEC 1101 E. North Ave.

REG. NO

2h HOUR

IF UNDER 1 YEAR

4:20a

IF UNDER 24 HR

20. DATE OF DEATH

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Wm C March F/H

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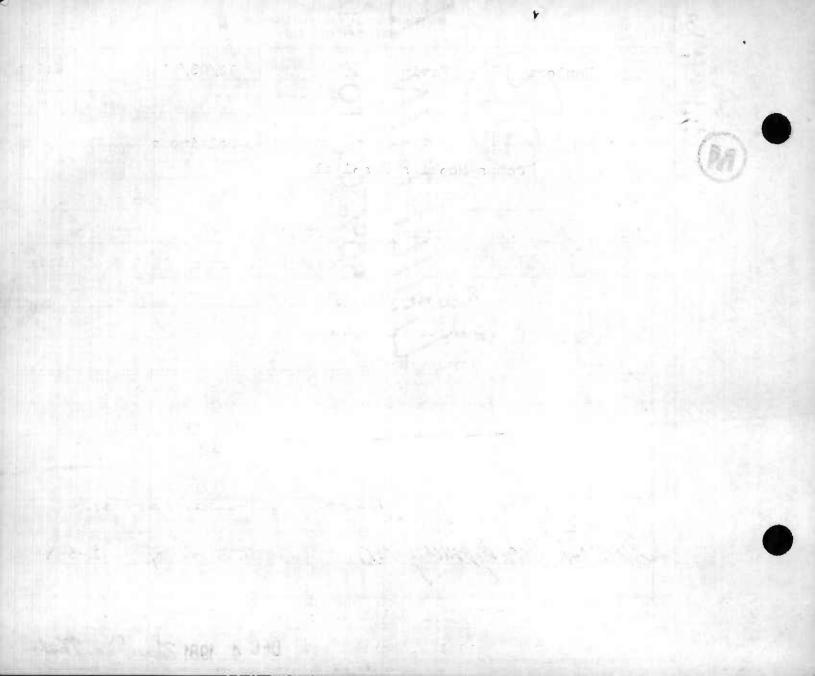
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1. DECEASED NAME



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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AND AND RETAHOULE	5 13a. S	MD	13b. COUN		VE RESIDENCE BEFORE ADMISS 131. CITY OR TOWN Baltimo:		13d. INSIDE CITY LIMITS		6 N. C	arey	St.		
MD. IF. IF. N. 3. D. 2. SI	14 F	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MA		WIDDLE		LAS		
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A THE STATE OF THE	-	SIGNATURE_	Jurge	us of	Solar	M	D Assistar	1 MEDICAL	EXAMINER	SIGNE	D 12-	-25-8	81
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PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23o. B	URIAL, CREMAT	ION, REMOVAL 2		23c. NAME OF CE		R CREMATORY	23d. LOCAT					
150/BP	(	Bur.	ial	12/31/8					imore	Cou		MD	TE.
DHMH-17	-	UNERAL DIRECT					25a. DAT		ISTRAR 25b. REC				
(VR A15 ME (5) ) 15M 2/80			March	F/H 11	01 E. Nor	th A	ve. DE	C29 19	81 Trace	w Vie	Tai	Then	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH 2h HOUR (TYPE OR PRINTS MARGARO 1 SEX & AGE LINYEARS LAST BIRTHDAY) 23 02 BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 17h, KIND OF BUSINESS OR INDUSTRY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Soth Ave. . NO [ FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE May 160 WAS DECEASED EYER IN U.S. ARMED FORCES? 17 INFORMANT IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) NO Mrs. Kathleen Dobbs Same as 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), or PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 215 LOCATION COUNTY STREET CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 81 10/24 saw the deceased alive an_ 81 , and that in (my) (our) opinion death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MD ATTENDING MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS S. HANOVER St., BAHIMORE, M.D. Dn. Stoven W. EATON 23a BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN 12/29/81 Burial Baltimore National Baltimore Maryland 24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

Leonard J. Ruck, Inc.

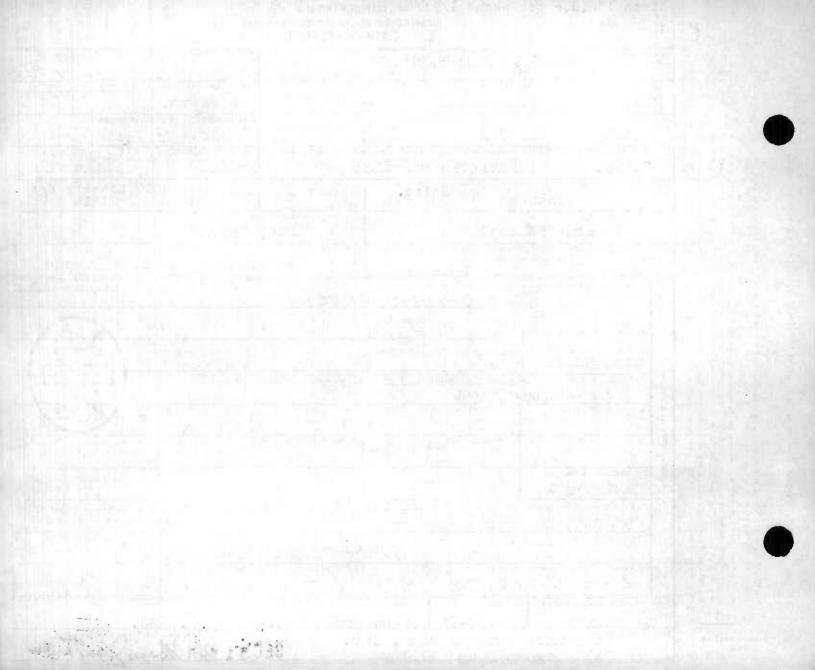
Baltimore. Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR

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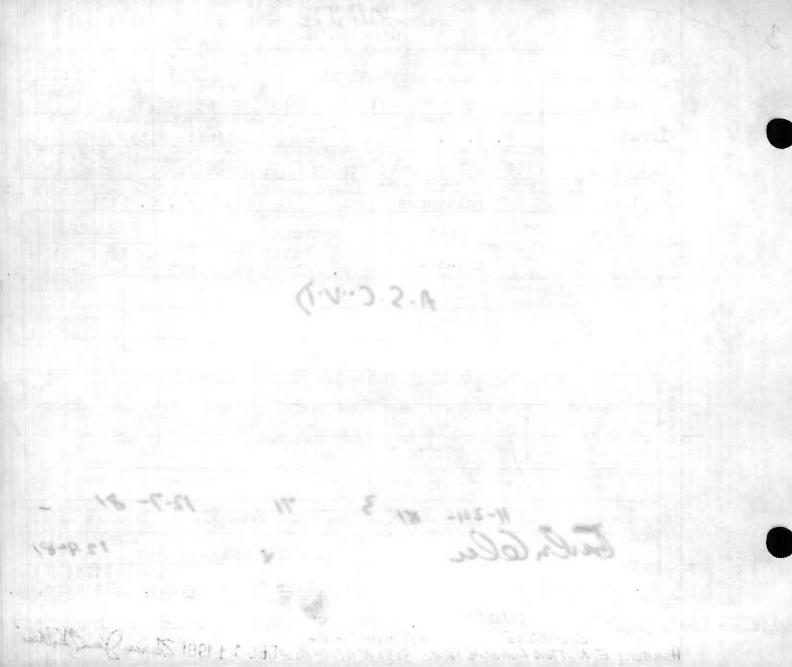
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Items 13c,d,e per phone 1/11/82 STATE OF MARYLAND



(VRA 15. 4) 1/79

STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME EIRST 20. DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTS 16055 SEX 4 RACE DATE OF BIRTH AGE CIN YEARS LAST BIRTHDAYS IF LINDER LYEAR MONTH YEAR 00 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED MARYLAND USA WIDOWEDYY DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL. NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR HOUSEWIFE INDUSAT HOME HOSPITAL JOUAL RESIDENCE (IF NUR OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21209 timore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE NATHAN **GOLDFARB** MIDDLE FANNIE UNKNOWN 160. WASNICEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT MRS. BERNICE ASSISER 6606 BAYTHORNE RD. BALTO., MD 21209 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY. TAIL URS esoil ATURY IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which METASTATI gove rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. CON1-9-5TIUS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? 11-21-81 METASTATIC PATHULOGICAL IN CERTIFYING CAUSES OF DEATH? TULE YES [ 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT HOME STREET, FACTORY, OFFICE FARM, ETC I CITY OF TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 11-20-1 🔎 🗓 , and that in (my) (our) opinion death accurred on the date and hour and from the couses stated sow the deceased olive on. obove, (1) (we) (did) (did not) view !! 27b. SIGNATURE DEGREE 22c. DATE SIGNED NOm ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS NORTUN (SETTES 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE DEC.7,1981 BALTIMORE CHIZUK AMUNO MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

18

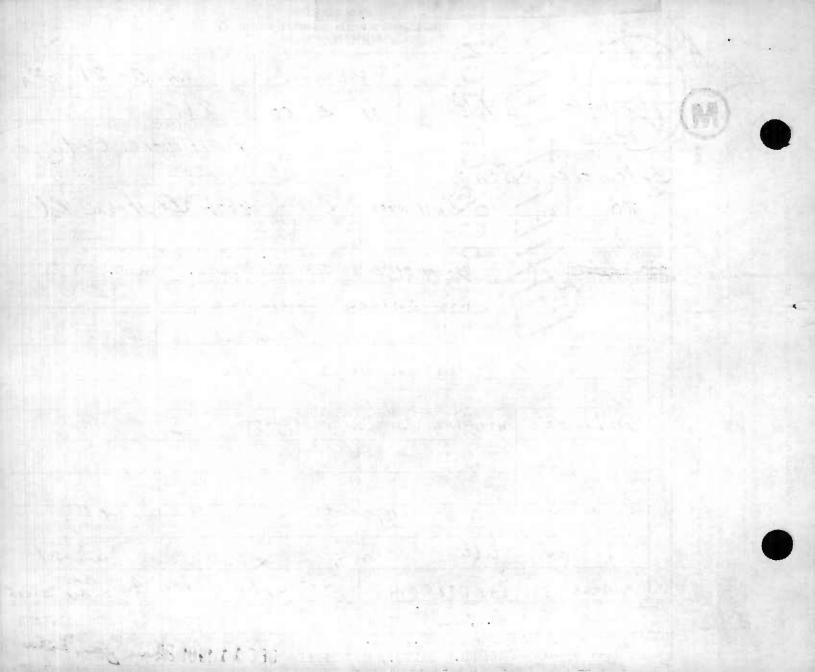
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IMPORT,

NAMO 10 REISTERSTOWN RD.

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. BALTO., MD 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR DEC 1 1 1981 Games

21215



and completely filled in booges land 2 should be filled

n signed by the attending physician and c Then please remave carbanpapers. Pages

should be detached far use as the burial-transit permit. Then please remave carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If them 21 is marked or Item 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has bee

DHMH - 16 50M 1/81 (VRA 15, 4)

D	1.	FOR - STATE		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL	L HYGIENE	8 1	3	1 4	1 4
		REGISTRAR				ICATE OF DEATH		REG. NO.	1535.0		
		CEASED NAME FIRST Bettu	т	IDDLE	4-11	wick		December 1	2, 198	YEAR	2b. HOUR 9:15p M
	3. SE		4 RACE		5. DATE C	7.7		GE LIN YEARS LAST BIRTHO		INDER I YEAR	F UNDER 24 HRS
		Female	Black		w3 ₄₁			55	YRS	THS DAYS	HOURS MIN.
75		IRTHPLACE   STATE OR FOREIGN PA.	76 CITIZEN OF V		? 8. MARRIE WIDOWE	NEVER MARRIED		Baltimore CITY <u>or</u>		DEATH	MD
48	Baltimore  10 CITY OR TOWN OF DEATH  Baltimore  11 NAME OF HOSPITAL, NURSING HO  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES  Maryland General				eral A	OR OTHER INSTITUTION		USUAL OCCUPATION E OF WORK FOR MOST OF V		12b. KIND OF INDUSTRY	F BUSINESS OR
35	13a. S	AL RESIDENCE (IF NURSING OME OF STATE MD 138 COU	ROTHER INSTITUTION C	Baltii	WN more	13d. INSIDE CITY LIMIT	TS? 13e S	1810°ïay	lwood	Rd.	
30	14 FA	William	WIDDLE	Provo		15. MOTHER'S MAIDEN Beula		MIDDIE	El	liot	t
2	16a V	VAS DECEASED EVER IN U.S. AF YES NOOR UNKNOWN) (IF YES GI	MED FORCES?	16b SOCIAL SEC		Thelma P	P. Wi	lson 120	100	yle A	Ave.
	NOI	Conditions, it ony, which gove rise to immediate cause (a), stating the underlying cause lost	the left Hi	TERMINAL	disease or condu	CE	- 1	£0			
	CERTIFICATION	October 23, 1				left Hip	71	S NO	Ob. IF YES, W IN CERTIFYIN YES <b>X</b>	G CAUSES (	GS USEO OF DEATH? NO [
	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHITE NOTIFY MEDICAL EXAMINE AT WORK NOT WHITE NOT WORK  220.1 certify that \$\frac{1}{2}\$ (this hosp sow the deceased alive or above, prove) (did) (did of \$\frac{1}{2}\$)  22b. SIGNATURE	P.ATH PLACE C (AT HOME, STRE	A. MONTH E A. 10 20 OF INJURY ET, FACTORY, OFFICE.	O 81  COCTOD  81	TH LOCATION THEET  1024 N Cer 20 Indian (Mr. 1000) OF GREE	arroll	Hon Ave.	Balto	CIDEN CITY of from the co	y Md. hat 90 (we) last couses stated
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	0		22e ADDRESS	AN [] DR	ECTOR   PHYSICIA	NK	12/1.	3/81
		Robe	rt Ammlu	ng, M.D.		c/o Mary	yland	General H	ospita	1	
	_ 1	BURIAL, CREMATION, REMOVAL SPECIFY)  Burial  UNERAL DIRECTOR	23b. DATE 12/18	10-		us Mem. I	Pk.	d LOCATION CITY OF TOWN Baltimo	ore	Co.	STATE
		Wm. C. March	F/H 1	101 E.	Nort	h Ave.	ECT	D. BY REGISTE AND	ages of	5 5 5 7 7 7	The same

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	1030

Edward

76 CITIZEN OF WHAT COUNTRY?

NAME OF HOSPITAL NURSIN NOT IN SUCH FACILITY, GIVE STREET

Baltimore Ci

DUE TO, OR AS A CONSEQUE

DUE TO, OR AS A CONSEQUE

CONDITION FOR WHICH

21b. TIME OF INJURY

P.M.

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F

HOUR A.M.

Dundal

Ferlin

166 SOCIAL SECL 078-24-

U.S.A.

DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 1 3	4 1 5
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ward	Ferlin	12 27	81 10 30 PM
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER TYEAR IF UNDER 24 HRS
	8 24 1929	52 YRS WO	NTHS DAYS HOURS MIN
AT COUNTRY?	8. MARRIED 🗷 NEVER MARRIED 🗆	BALTIMORE CITY OR COUNTY O	
A.	WIDOWED DIVORCED	Baltimore Cit	7
SPITAL, NURSIN CILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION ADDRESS!  LY Hospital	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE] ACCOUNTANT	
E RESIDENCE BEFORE	<u> </u>	Accountant	Brand Iron
CITY OR TOWN	N 13d. INSIDE CITY LIMITS?	7867 St. Fabia	n Lane
Ferlin	15. MOTHER'S MAIDEN NAM	ME MIDDLE	IAST
SOCIAL SECU	Tillie	- APPOECE -	Andros
			abian Lane
78-24-	7422 Patricia A	.Ferlin Balto	
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s a conseque			
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L., T			
	hull achemous		
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	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, V	NG CAUSES OF DEATH?
JURY MONTH DA	OPERATION WAS PERFORMED  21c. HOW INJURY OCCURR	20a AUTOPSY? 20b. IF YES, V IN CERTIFYII	NG CAUSES OF DEATH?
UJURY	OPERATION WAS PERFORMED  21c. HOW INJURY OCCURR 19 21f. LOCATION	200 AUTOPSY? 206. IF YES, V	NG CAUSES OF DEATH?
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NJURY MONTH DA  INJURY FACTORY, OFFICE, FA  eccased from  19  3  19  5	Y YEAR 19 216. HOW INJURY OCCURR 19 216 LOCATION STREET  ARM, ETC.)  DEGREE ATTENDING	200. AUTOPSY?  200. IF YES, VIN CERTIFYII  YES NO W IN CERTIFYII  YES OF TOWN  CITY OR TOWN  10 Dec. 27, 19	NG CAUSES OF DEATH? NO  IT ORPART 2)  COUNTY STATE

220 | certify that (1) (this haspital) attended the deceased fram_

NOT WHILE

Eastern Ave. Baltimore, Md 21224

230. BURIAL, CREMATION, REMOVAL 23b DATE

MAME (TYPE OR PRINT)

231 NAME OF CEMETERY OR CREMATORY Mountain View

23d LOCATION Uniontown

COUNTY

STATE Pa.

Burial 24 FUNERAL DIRECTOR Duda-Ruck, Inc .

STATE REGISTRAR DECEASED NAME

1-5EX Male Francis

TATE OR FORLION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate couse (a), stating the

underlying cause

190 DATE OF OPERATION

210 ACCIDENT WAS UNDERLYING

21d. INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH

LIFEITHER, NOTIFY MEDICAL EXAMINER)

Pennsylvania

CITY OR TOWN OF DEATH

Baltimore

JOUAL RESIDENCE (IF NUR

Anthony

Maryland 4 FATHER'S NAME

No

CERTIFICATION

MEDICAL

00

morked or Item

MPORTANT: If Item

4 RACE

Baltimore

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), an

IMMEDIATE CAUSE (a

White

7922 Wise Avenue Dundalk, MD.21222

12/31/81

DHMH - 16 50M 1/81 (VRA 15, 4)

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10		1	FOR  STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE O REG. N	3 1	1 0
			ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH		EAR 26 HOUR
o o	death death	T CIV	PE OR PRINT) NAO	IMN IM	TERRERA		12/30/81	1 JI - JOPA
тоу	o p	3 S		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		
4	off		F	w	MONTH DAY YEAR	66	YRS	DAYS HOURS MIN.
Pood	ER ZEV	7a. 1	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	rry? 8	9 BALTIMORE CITY C		ГН
d to	REVES.	1	Alpill York	IRA	MARRIED NEVER MARRIED WIDOWED DIVORCED	-1 0.11-	ritu	440
p -	3	10 0	CITY OR TOWN OF DEATH		IRSING HOME OR OTHER INSTITUTION		ION 126. KI	ND OF BUSINESS OR
of of	20 6/	9 1	30 Himapp.	LIF NOT IN SUCH FACILITY, GIVES	TREET ADDRESS)	120 USUAL OCCUPAT (TYPE.OF WORK FOR MOST O RETIRED (C)	DE WORKING LIFE) INDUS	Collegan
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MARYLAND:	hould it	>	Md. B	Balt. 13c. CITY OR	elto. YES NO X	18/6 May	field Au	18. 2122
with:	d 2 s	14. F	ATHER'S NAME	MADLE LAST	15. MOTHER'S MAIDEN N	IAME AMARIE		LAST Maiden
M bed	Se Condle		rdgar	D. Horle	rcher Zelia	HOL	Jacker x	topp)
LTIMORE,	ond co		WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIALS	SECURITY NO. 17 INFORMANT	ADDR	SS	21229
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	Ther Ther to b	CERTIFICATION						
O)	mit. prio	Z E	19a. DATE OF OPERATION	196. CONDITION FOR WE	TICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	
A Pe lo	has per ene ows	E				YES NO P	YES T	USES OF DEATH?
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OF CIAL	A FIDE		OR CONTRIBUTING CAUSE OF I		DAY YEAR			
SION OF VI	2 2 5 5	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION			
VISI	ond ond ked	Z	WHILE NOT WHILE AT WORK	( AT HOME, STREET, FACTORY, OF	FICE FARM, ETC ) STREET	CITY OR TO	OWN COUNT	TY STATE
a N	Se os softh mar			spital) attended the deceased from	om A1 6/ /0 19 8	1 to Dec	20 10 81	that # (we) lost
E S	of He		saw the deceased alive	on Dec. 30	9 8 ( , and that in ( ) (aur) opinio	on death accurred on the d	ote and hour and from	
A S	RECT(		22b. SIGNATURE	not) view the body after death.	DEGREE			DATE SIGNED
0 3	tadd tadd		Theo	10/	HD - ATTENDING	MEDICAL STA	FF /	2/30/81
PITA	TO FUNERAL should be detailed with the State	-	22d PHYSICIAN'S NAME (TYP	E OR PRINT)	PHYSICIAN 1770 ADDRESS	DIRECTOR PHYSIC	IAN	/-/-
HOS	should be with the S		TO TOWN TO THE		57 RENES	HOSPITAL.		
9	S S S S S S S S S S S S S S S S S S S	22-	BURIAL CREMATION REMOVE	TUKIVAKALA, N	23c NAME OF CEMETERY OR CREMATORY			
	D	230.	(SPECIFY)	12/31/81		CITY OR TOWN	country	Acres 1
	P	24	UNERAL DIRECTOR	1 9 1/ 0 1	Security Proce		TU-SECUETURE C	Masser Ivid.
	H - 16 50M 1/81 VRA 15, 4)		NAME	ADDRI	Balto, Md. 21229 18F	MERES D. BY REGISTRAR	Tano.	Mary Management
			Craig P. Wile	son 3819	Patapsco Ave -	Ann-	100000000000000000000000000000000000000	

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ADTARES	17	0.5	110		T11		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND M		REG. N	<b>ن</b> ٥.		4 7	1/
		CEASED NAME FIRST	7	WIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	(IIII)	SAM	UEL	J.	FER	RTITTA		Land Inter	12	1	81	11:45Am
	3. SEX	X	4. RACE		5. DATE C	F BIRTH		6. AGE (IN YEARS LAST BIR		IF UNDE	RIYEAR	IF UNDER 24 HRS
		MALE	WHITE		.12	19	19	6	1 YRS.	MONTHS	DAYS .	HOURS MIN
4		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.			9. BALTIMORE CITY	- 11101	Y OF DE	ATH	
30	M	ARYLAND	U.S.A.		WIDOWE		ORCED [	BALTIMORE				MD.
1	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING FACILITY, GIVE STREET		R OTHER INSTI	TUTION	120 USUAL OCCUPAT			KIND O	F BUSINESS OR
1		ALTIMORE,	LRVAMO	,		VEN BLV	D.	PRODUCE SA	LESMA			CHAIN
3	13o. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULT		GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMO	N	13d. INSIDE CIT	Y LIMITS?	(FRUIT) 13e. STREET ADDRESS 4934 LINDS		DAD.	212	29
	14. FA	THER'S NAME				15 MOTHER'S		ME				
90	-	CHARLES	WIDDLE	FERTITTA			RTE	WIDDLE		MAT	RSIG	
1	160 V	VAC DECEACED EVER INLILE AS		16b. SOCIAL SECU		17. INFORMAN		ADDRI	SS	MAN	COTO	LIA
	Ÿ	(ES NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)	214-20-0	0609	DOROT	нү тно	MPSON 4934	LINDS	SAY I	ROAD	, 21229
		18. CAUSE OF DEATH (Enter or	nly ane cause per	line far (a), (b), and	d (c).)						APPROXI	MATE INTERVAL DNSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	cardino	ben	len a	galle	se				
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	R AS A CONSEQUE	ne in	fero por	deris	myoraulai	linfan	etur	72	-96 Hrs
	4	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN E	PART 1/c	1
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2	CERTIFICATI	19a. DATE OF OPERATION	19b CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200. AUTOPSY?	IN CERT			IGS USED OF DEATH?
0	ER	21a. ACCIDENT WAS UNDERLYING	21b. TIME O	F INJURY		21c HOW INJ	URY OCCURE	RED (ENTER NATURE OF INJU			PART 21	110
1	CAL	OR CONTRIBUTING CAUSE OF DE.	AIN.		AY YEAR							
	MEDI	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM. ETC )	21f. LOCATION STREET	4	CITY OR TO	WN	CO	UNTY	STATE
		220.1 certify that XI) (this hasp saw the deceased alive or abave XIXwe) (did) XIXX	ital) attended the	e deceased fram_ ER_119	NOVE 81 an	d that in (X) (d	, 19 <u>81</u> our) apinian (	, ta <u>DECEMBE</u> death accurred an the d		, 19 <u>8</u> our and fi		that (we) last
19	100	22b. SIGNATURE	A view the bady	after death.		DEGREE					c. DATE S	
		Howard	least -	andmi	2	AT Ph	TENDING HYSICIAN	MEDICAL STA	FF X		12/	1181
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	17 15 16		22e. ADDRESS						ė.
		Howard	7 ,	land m	- 23			RAVEN BLVD.	BALT	O. M	D 2	1218
	230 B	SURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE	23c. N		EMETERY OR CR		23d. LOCATION CITY OR TOWN	-	COUN	TY	STATE
		BURIAL	12-05	-81	NEW	CATHEDR	AL	BALTIMORE	CITY	Y	M	ARYLAND

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUND FAL DIRECTOR: After this certificale has been signed by the attention to be detached for use as the burial-train form. Then please removement the State Dept. of Health and Mental Hygnere prior to burial, cremating

injury, or other tra

MPORTANT: If Nem 21 is marked or Item 18 snown any

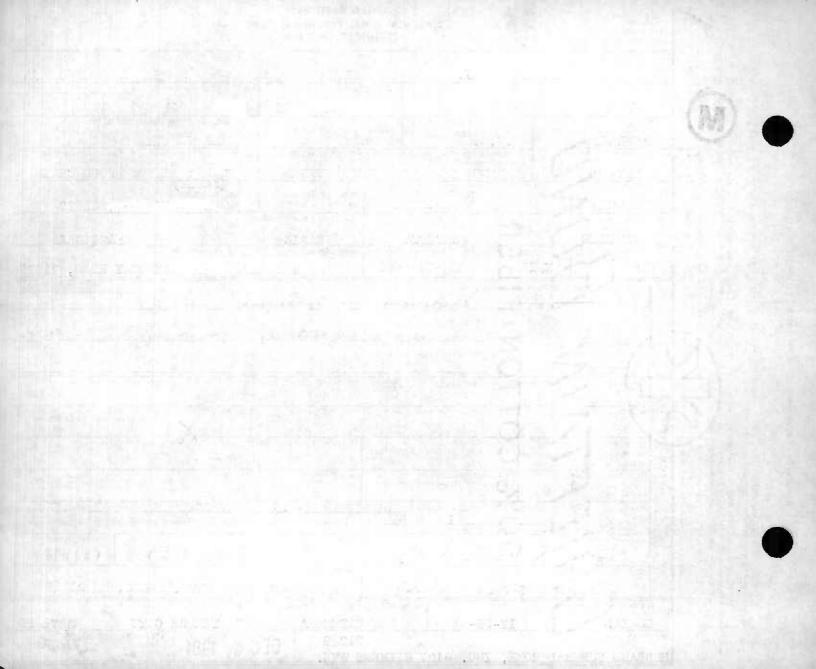
24 FUNERAL DIRECTOR

NEW CATHEDRAL

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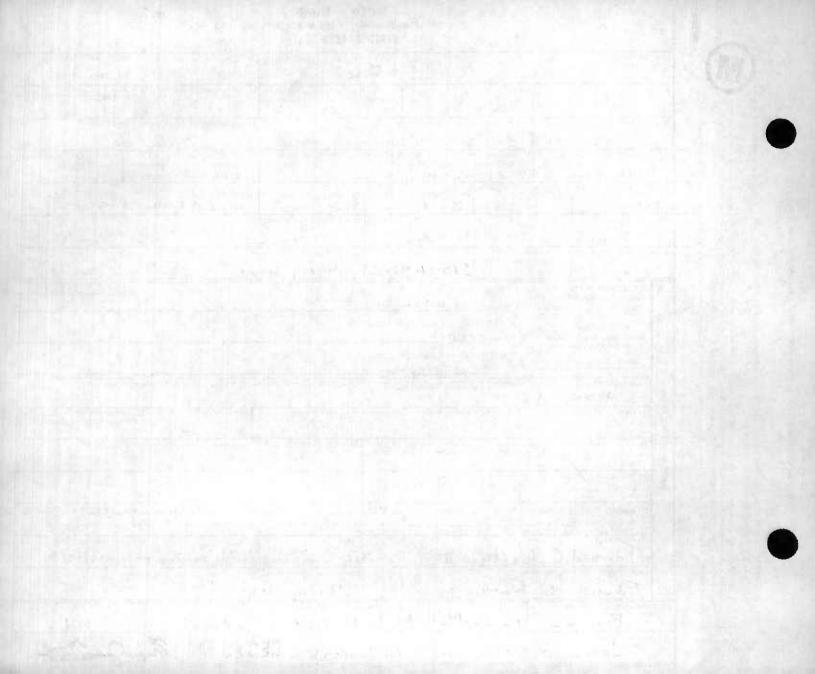
MARYLAND

21229 ADDRESS HUBBARD FUNERAL HOME INC. 4107 WILKENS AVE 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNAPHATICAL



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executation	raide or mail assu	18/53/51	Table 1
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	3	1-	FOR STATE				MENT OF	HEALTH	ARYLAND AND MENTAL I ERTIFICATE (	-	P.L.I	3	I	6	19
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	W VO		E OR PRINT)			Domin	6 500			20	OF ES	STI-	HTMOA		au. HOOK
	Zana.	3. SE:	K	Georg	E Is. DATE OF BIR	Regir			ields DER I YR. IF UNDE	D 24 HDS 2	DEATH MA		12 ONTH	26 19 8	
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	W Z	FC	RTHPLACE (S			S. A.			ED NEVER MARE	RIED LA	BALTIMORI			Y OF DEATH	
	S5.00		arylan					WIDOW	ER INSTITUTION		Baltin			)	MD.
	ELAY IS TO THE PAGE SE FILED		Baltimo	re	John L	<ul> <li>Deato</li> </ul>	on Medi	cal	Center	FOR MC	tance	LIFF	WORK	OFFIC	e-Blde
21201	FEATH. IF ANY DELAY IS FES. 1. 2. AND 3 TO THE PARA S. RETAIN PAGE AND 2 SHOULD BE FILED AND 2 SHOULD BE FILED	13a. S	al residence tate arylan	(IF IN NURSING HOME)  131 COUN  HOW		13c. CITY	OR TOWN	ION)	13d INSIDE CITY LIMITS?	13 STREE	Sup, M	7380 aryla		dar A 2079	venue 4
PRESTON ST., BALTIMORE, MD.	RAGES 1, 2, RM PM 3. 1 AND 2 SI	14. F.	Willi		ields		LAST		15. MOTHER'S MAID Edith	DEN NAME	WIDDIA		V	Fie	lds
WO	PAGORN	16a. V	VAS DECEASE	DEVER IN U.S. AR	MED FORCES?	16b. SOC	CIAL SECURI	TY NO.	17. INFORMANT J	essup	, Md . A	DDRESS2	579	4Ceda	r Ave.
BALTI	URS AFTER DEATH 18. GIVE PAGES 1, WITH FORM PM 11. PAGES 1 AND 2, DIVISION OF VILL		No			219.	-76-59	154	Mrs & M	rs. W	illia	m H.	Fi		7380
ST.,	N 24 HOURS N ITEM 18. G ALONG WIT SIT PERMIT. P HYGIENE, DIV AOVAL.	2000	18 CAUSE O PART I DE	F DEATH (Enter on ATH WAS CAUSE	D BY:	line for (o), (b)	), ond (c).)	uries	with comp	plicat	ions	11.78		APPROXIVEEN O	NATE INTERVAL
NOT	IN 24 HOU IN ITEM 11 A ALONG ISIT PERMI HYGIENE, MOVAL		18/2	IMMEDIA	LE CAUSE (a)	OR AS A CON									
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DIVISION OF VITAL RECORDS,	MER; THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 IN TRAFF, WRITING THE WORD "PENDING" IN PENCIL IN TERFORMARDED TO THE CHIEF MEDICAL EXAMINER ALON OR; PAGE 35 SHOULD BE USED ASA BURIAL—TRANSIT PER HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGEIND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	N	PART 2 DTHER SI	GNIFICANT CONDITIONS		EATH BUT NOT RELA	ATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN P.	ART 1 (a).					
I RE	EF WEEP SED A	CATE	19a. DATE OF	OPERATION	196 COI	NDITION FOR	WHICH OPE	RATION W	AS PERFORMED?					20 AUTOP	SY?
ZĮ,	SESTING S	TE												YES [	NO 🛚
NON	THE W	MEDICAL CERTIFICATION		L CAUSE WAS SOR NG CAUSE OF	HOUR	E OF INJURY	26 19 8	R	W INJURY OCCURR						
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۵	WRIIS WRIIS WARD VARE FATE (	1	WHILE AT WORK	NOT WHILE [	× small	street		Rt.		bbin F		lumbia		Howard	
	POR		22a. I certi	fy that I took thore			[77]	Autops		on X,	Inquiry	, ond in	ту ор	inion	
-	NETTHE NETTHE		death result	ed fragili Notu	pal causes .	Accident	<u>[X]</u> , s	uicide	Homicide	Undeter	mined monne	r 🔲,			
	ALEGAN —		ACTUAL SIGNATURE	411	way	1) Tru	uto	- A	Deputy C	hienfedic	AL EXAMINE	R	DATE SIGNE	12/	27/81
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRI	NAME Thoma	s D. Sm	ith, M.	D.		ADDRESS	Penn S	S+. E	Balto.	, M[	٥.	
	Bb	23a.B	SPECIFY)	rial	2/30/8				.C.Cemet		ATIONHO	ward dge (	Çe,	nty, Cen	Md. étery
	DHMH - 17	24. F	UNERAL DIREC	TOR BALTIN	ADL	PRESS MAKY	/		PEO	REC'D. BY R		56 REGISTA	AR'S SI	GNATURE	
	(VR A15 ME (5)) 15M 2/80	ΚE	REERT	E. NATTE	IN FUN	MALHO	ME 30	135W.	NUNTH DER	2919	981	unces >	4	- MONEY	



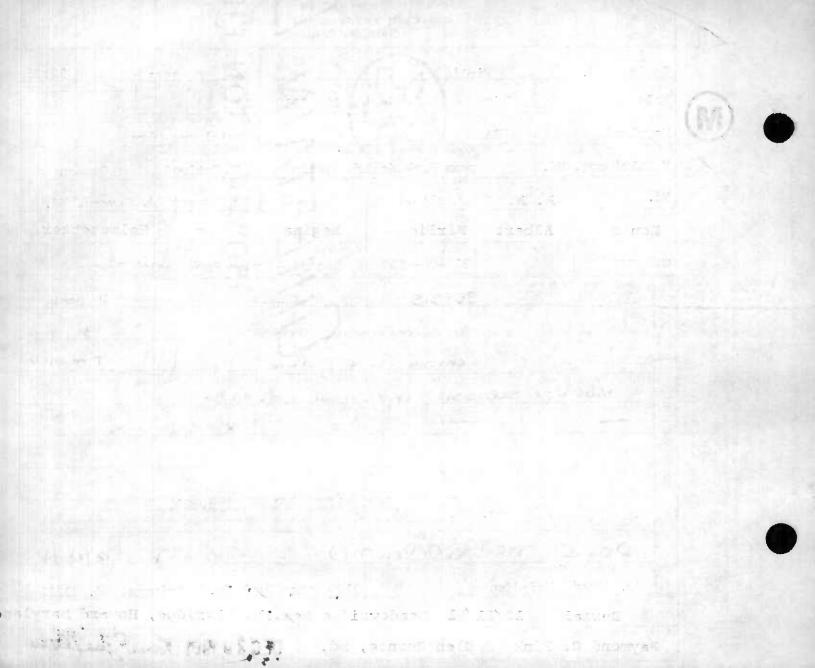
	FOR 1 - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		1421
1	I DECEASED NAME FIRST	MIDDLE	1 4 5 7	REG. NO.	AY YEAR 75 HOUR
ne ne	(TYPE OR PRINT)		End		- 01
poge r deor	Jess		rinch	12 30	0 81 6 20 PM
4 1	3. SEX Female	4 RACE White	5. DATE OF BIRTH  MONTH  12  19  87	6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	FUNDER I YEAR IF UNDER 24 HRS
depth. Pogg	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRYS	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto.	DF DEATH MD.
at at a port	Balto.	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KINDLOF BUSINESS OR
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be file	USUAL RESIDENCE (IF NURSING HOME 130 STATE / COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR		13e. STREET ADDRESS	
YLA thin thin ine	14 FATHER'S NAME	OMIT CALL	15 MOTHER'S MAIDEN NA	MF	
	Bruce	MIDDLE Find	Toni	MIDDLE	Grimes
BALTIMORE, cote be execu- systican and co- pers. Pages / val.	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b, SOCIAL SECTIVE WAR OR DATES)	Roberta M. B	Fraun Mercy Hosp.,	301 St. Paul Pl.
SAL operation	18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), ar	id (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., I g phy on po remov even	PART I. DEATH WAS CAUS	ATE CAUSE (0) <u>Cardiac</u>	arrest		15 min.
ding or re rric e	7/.09		AND THE RESIDENCE OF THE PARTY		
STO eoth renc on, umo	Conditions, if ony, which	DUE TO, OR AS A CONSEQU	c encephalopathy . CNS he	morrhage sewere cerchin	11 done
he d mot	gove rise to immediate	ال الله الله	ema, anasarta.	terral Electron	11 chay =
W. by the see of the other	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF ,	1 . 4 . 4 . 4	111
o the second	DADY 2 OTHER CICALIFICANT		th asphyxia myocardice		110045
RDS, 2 equires n signe Then p r to bur injury,		terocolitis, pre-rend	failure, possible se		IN PART 110
been red ony in	- l	, ,			WEDE CD 10 11 10 1
nos boson	190 DATE OF OPERATION		OPERATION WAS PERFORMED	IN CERTIFY!	WERE FINDINGS USED ING CAUSES OF DEATH?
VITAL  N. The hysicion the core hysicions the hygier Hygier 18 shove	12/20/f/ -	Richest tube in.		YES NO YES	NO B
AN: Ohys ohys of the of the ohys			AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T OR PART 2)
IVSICIAN: The physicic and physicic purion to the physicic puriol-transfer and physicic purion to the physicic pur	(IF EITHER NOTIFY MEDICAL EXAMIN		19		
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir  offer this certificate has been sign os the burial-transit permit. Then th and Mental Hygiene prior to b orked or flem. Is shows any injury	OR CONTRIBUTING   CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE   NOT WHILE   AT WORK   AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NDII I or I or See of I eolf	22a I certify that (I) (this has	oital) attended the deceased from_	12/19/81 ,19 81		At , that (1) (we) last
TTE prito pr	sow the deceased alive a obove, (1) (we) (did) (did)	n 12/30 19	ond that in (my) (our) opinion	death occurred on the date and hour o	and from the causes stated
OR AT OR AT DIRECT Doched f Dept. of	22b. SIGNATURE	0- 0	DEGREE		224 DATE SIGNED
TAL O by the RAL D detocl tote Di	Caberta	M. Dran	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	121/1/82
TO HOSPITAL (retoined by the TO FUNERAL B should be detoined in the Store E IMPORTANT: If	Roberta	H. Braun	301 St. Paul	Place, Bato. (Her	rcy Hasp.)
BP	230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY	Frederick, Fre	derick, Md
			1 // 4	RED. BY BE RARES	THE TURE
DHMH - 16 50M 1/81 (VRA 15, 4)	Smith, Fadeley, 106 East Church	Keeney, Basford Street, Frederic	runeral nome	- O SOL	OF STATE OF THE ST

olomb receite, recrie, "... Jan. 4, 1982 Mt. 015var Genetery Smith, realer, cone, markerd lumeral long 106 Hunt Church Erroe, Frederick, 20, 20701

	1	1		S	TATE OF MARYLAND		ALCO D	
	6.	1	FOR STATE		OF HEALTH AND MENTAL HY	GIENE 8	3 1 4	2 2
	D	Ι.	REGISTRAR	CEF	TIFICATE OF DEATH	REG. N	O.	
-			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26.	HOUR
143	( ARA)	1111	Jose	nh F	inley		12-15-81	AA
	FIATA	3, 54			TE OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF	JNDER 24 HRS
	7		Male	BIK	3 - 16 - 95	86	YRS.	PURS MIN.
	4 7 57	/a. 8	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.	RRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
	10 10		5/6		OWED S DIVORCED	(	144	MD.
	1 11 100	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY CIVE STREET ADDRESS		126. USUAL OCCUPATI (TYPE OF WORK FOR MOST O		JS INESS OR
201	2 24 00		PAITO	1434 ress				
5	1 11 1	USU 130	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISS	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		-1
ANG	2 11 35		Md -	- BA I to	YES NO	1434	PRESSTMAN	194
RYL	2 2 2 min	14. F	ATHER'S NAME	MIDDUS 1 LAST- 1	15. MOTHER'S MAIDEN NA	WIDDLE	LAST	
MARY	y and		NADKin	Robert Finle	Y I I I I I I I I I I I I I I I I I I I	MIDDLE	LASI	
RE,	nd co			MED FORCES? 166 SOCIAL SECURITY N	6. 17 INFORMANT	ADDRE	SS	
BALTIMORE	n ond c		YES, NO OR UNKNOWN) (IF YES, GIV	218-05-303	1 ROSE JAC	KSON -	SAME	
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PRE			gave rise to immediate cause (a), stating the	101 300 000 000		11/2	1	
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DIVISION OF VITAL RECORDS,	been reconstruction on yin	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS	
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	0 0		saw the deceased alive on	(al) attended the deceased fram	, and that in (my) (our) opinion	death occurred on the de		(I) (we) lost
	R ATTEN hospitol RECTOR ned for u spt. of He		abave, (I) (we) (did) (did na 27b. SIGNATURE	i) view the body after death.	DEGREE		22c. DATE SIG	
			O a mell	111 9/2.	ATTENDING	MEDICAL _ STAI	F _ 13/	2/01
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		230	BURIAL, CREMATION, REMOVAL	236. DATE 23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
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	DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR	DIFU 1348 AL	- 11	ECO. BY REGISTRAR	256 REGISTRAR'S SIGNATURE	ath.
	(400 1014)		LEBHON B B	1348 A	Calbours 1	E (1 (1 1) 1001	Marine II	Marine Marine

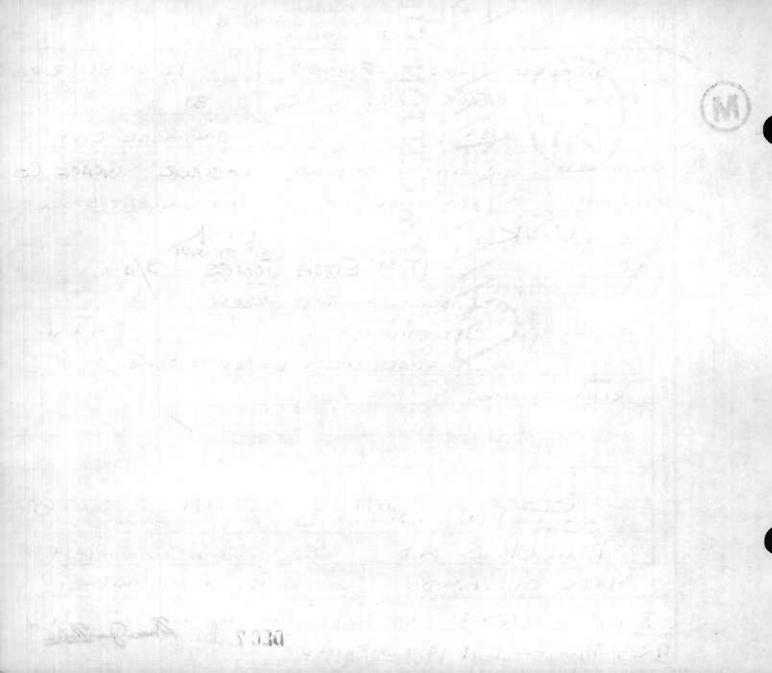
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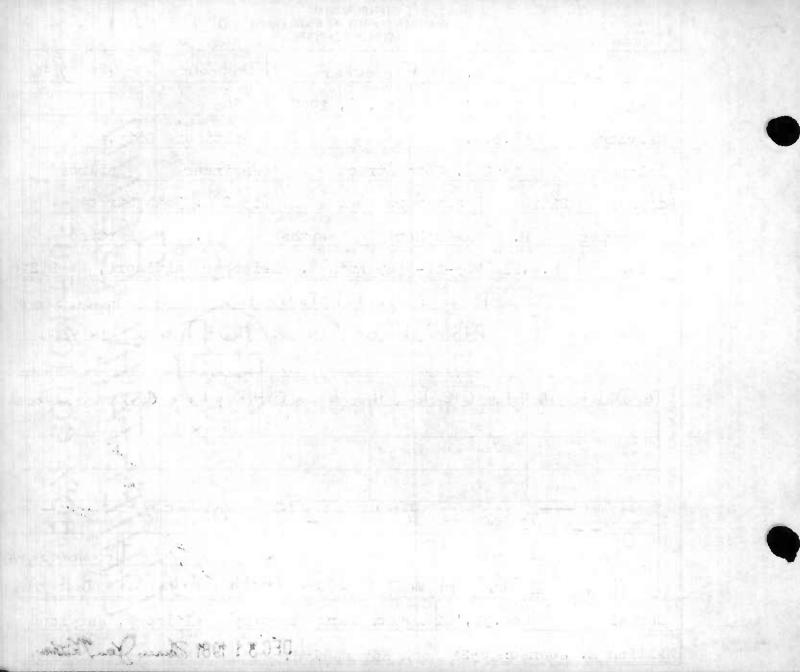
m		FOR - STATE		DEPARTA		E OF MARYLAND IEALTH AND MENTAL HYG	IENE 8	3	1 4 2
1100	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0	
~		CEASED NAME FIRST	,	MIDDLE		AST	2a DATE OF DEATH		AY YEAR 26 HOUR
	-	ouis M.	Fi	rlie			Dec. 28	1981	12:
	1.5	X .	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR IF UNDER 2
1	AR.	le	White		Sept	14, 1919	62	YRS.	ONTHS DAYS HOURS
	-	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH
2		ryland	USA		WIDOWE	D DNORCED	Baltimore	City	
9/5	-	Baltimore, Md	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	th System	12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF Retire	F WORKING LIFE	12b. KIND OF BUSINES INDUSTRY Seaman
	USU.	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE	ADMISSION)			, ,	Deaman
3	Md		. A.	Sever:	n	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 8705 Crest	Rd. S	Severn, Md.
	14 F	ATHER'S NAME	WDD:			15. MOTHER'S MAIDEN NA	ME	LIC.	
20	) ]	Louis A	lbert	Firlie		Regina	WIDDLE	He	lmstetter
	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	
1	un	KNOWN (IF YES, G	SIVE WAR OR DATES)	219-03-8	8633	Record - W	yman Park H	lealth	System
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane cause per	line far ia , (b , and	dice				APPROXIMATE INTERV
			ATE CAUSE (a)	SEPSIS					2 weeks
Offic		5850	DUE TO OF	R AS A CONSEQUE	NCE OF				
		Canditions, if any, which	(b)	Cardio		man arres	T		30 mi
		gave rise to immediate cause (a), stating the	DUE TO, OF	R AS A CONSEQUE		0			
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5		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION GIVE	N IN PART Ira
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	ICATION	Mustipe 190 Date OF OPERATION			OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH
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]		19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMINI  21d. INJURY OCCURRED	21b. TIME OF HOUR A./ ER) 21e. PLACE (	FINJURY M. MONTH DA	Y YEAR	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY YES Y IN ITEM 18 PAR	ING CAUSES OF DEATH
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+		19d. DATE OF OPERATION  21d. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE NOT WHILE   AT WORK AT WORK	19b CONDI  21b TIME OI HOUR A./ ER)  21e PLACE ( (AT HOME STR)	FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, FA	Y YEAR 19 ARM, ETC.)	211. HOW INJURY OCCURR  211 LOCATION STREET  21, 19 81	20d AUTOPSY?  YES NO CED (ENTER NATURE OF INJUI  CITY OR TO  to Dec. 28	IN CERTIFY YES Y IN ITEM 18 PAR	COUNTY ST.
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1		19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE   NOT WHILE   AT WORK   AT WORK  22a. I certify that (1) (this hasp saw the deceased alive o abave, (1) (we) (did) (did n	21b. TIME OF HOUR A./ ER)  21b. PLACE ( (AT HOME STR ) Dittol) oftended the n Dec. (of) view the body	FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, FA  deceosed fram 28, 19 after death,	Y YEAR 19 ARM, ETC) OCT	216. HOW INJURY OCCURR  216 LOCATION STREET  217 19 81 d that in (my) (aur) opinion of DEGREE	20d AUTOPSY?  YES NO CITY OR TO  CITY OR TO  to Dec. 28  leath occurred an the do	IN CERTIFY YES YEN ITEM 18 PAR WN	COUNTY ST.  28 that (I) (wo and from the couses state 22c. DATE SIGNED
	MEDICAL	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE   NOT WHILE   AT WORK   AT WORK  27a. I certify that (I) (this hasp saw the deceased alive o abave, (I) (we) (did) (did n  27b. SIGNATURE    David M.	21b. TIME OF HOUR A/P.  21c. PLACE (AT HOME STR.)  21c. PLACE (AT HOME STR.	FINJURY M. MONTH DA M. DEFINJURY EET, FACTORY, OFFICE, FA  e descessed fram after death.	Y YEAR 19  ARM, ETC)  OCT 81 .on	21t. HOW INJURY OCCURR  21t. LOCATION  21t. LOCATION  21t. LOCATION  31REE1  21t. LOCATION  31REE1  3100 Wyman Pi	20d AUTOPSY?  YES NO CITY OR TO  CITY OR TO  ta Dec. 28  death occurred an the do  MEDICAL STAF  DIRECTOR PHYSIC	IN CERTIFY YES YES IN DITEM 18 PAR WIN He ond hour of	COUNTY ST.  COUNTY
	WEDICAL MEDICAL	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hasp saw the deceased alive o above, (I) (we) (did) (did in 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE	21b. TIME OF HOUR A/P.  21c. PLACE (AT HOME STR.)  21c. PLACE (AT HOME STR.	FINJURY M. MONTH DA M. SFINJURY EET, FACTORY, OFFICE, FA  geteeosed from 289 19 2136 N	Y YEAR 19  ARM, ETC.)  OCT 81. On	216. HOW INJURY OCCURR  216 LOCATION STREET  217 19 81  and that in (my) (aur) opinion of the company of the co	20d AUTOPSY?  YES NO CITY OR TO  CITY OR TO  To Dec. 28  Jeath occurred an the do  MEDICAL STAF  DIRECTOR PHYSIC  ARK Dr. Bal  123d LOCATION	IN CERTIFY YES VEN ITEM IS PAR THE ORD HOUR OF	COUNTY ST.  281 that (I) (with and from the couses state 127. DATE SIGNED 12/28/5  Md. 21211



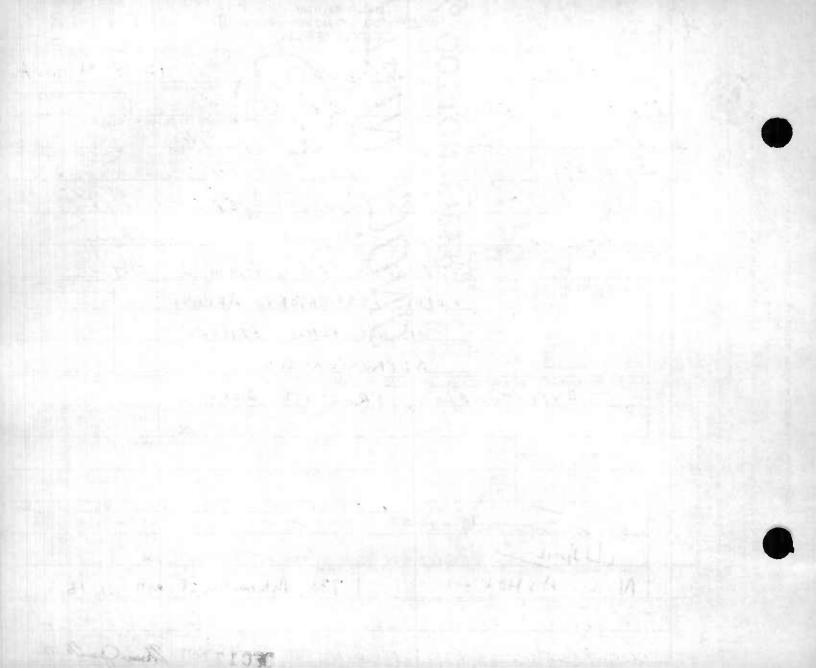
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4	1,	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY	SIENE 8 1 3 1 4 2 7
· ·	1.	STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
	1. DE	CEASED NAME FIRST	MIDDLE	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
h 3	,,,,,	Willie	Hemira	12 15 81 11.25 Am
( D.F.)	3 SE	X	4. RACE S DATE OF BRTH	6 AGE (III MANS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN
7 161	LZ	nole	Black My 27 90	YRS.
10 90	70 B	IRTHPLACE (STATE OR FOREIGN OUNTR)	TO CITZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9 BALTIMONE CITY OR COUNTY OF DEATH
1 1 33		1/a,	UISI WIDOWED DIVORCED	C144 MD.
the f d with	10:10	TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, DIVE STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK IN THE SECOND OF BUSINESS OR INDUSTRY)
Do so	9	Delto City	Lutheran Holfi	None None
ND 21:	130.	STATE ILL. COUN		13e STREET ADDRESS
LAN	1/15	ATHER'S NAME	15 MOTHER'S MAIDEN NA	ME Besun Fr
MARYLAND ed within 24 mpletely filler ond 2 should	19 7		HODLE LAST	MIDDLE LAST
. + 0	160	WAS DECEASED EVER IN U.S. AR	MED EORCES? 166 SOCIAL SECURITY NO. 17 INSPORTATION	ADDRESS
BALTIMORE, cote be executed by sicion and copers. Pages vol.	100	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 402-1-2-100 /HALLY	F-1- 5
NLTIA cion ers. P	H	<u> </u>	12216319 11 MATTE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
, hy do no		PART I. DEATH WAS CAUSE		ARREST . BETWEEN ONSET AND DEATH
S pool e		1/10 G IMMEDIAT		TIPEC:
PRESTON he death c ne ottendin emove cork motion, or r troumotic	1,11	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF CHRONIC RENAL	PAILURE.
PRES he de emov motic		gove rise to immediate couse (a), stating the		7770
by the see reference of the		underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF NEPROSCEROSIS	
35, 201 usines the signed to be pleo o buriol, or o		PART 2. OTHER SIGNIEICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ORDS required signature or to large in y injust	ON N	HYPE	RTENTION. PROSTATE	DISESASE
B & die a o	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	RIF			YES NO YES NO
DIVISION OF VITAL  ING PHYSICIAN: The other this certificate has the burol-tronsit proof the ond Mental Hygies the ond Mental Hygies orked or frem 18 shown or f		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
NOF VI SICIAN: ng physic certifico uriol-tron tentol Hy	MEDICAL	(IF SITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	
PHY: endiin this he bund M	MED	21d. INJURY OCCURRED  WHILE NOT WHILE [	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
DIVIS Or offer 1 e os the olth ond morked		AT WORK AT WORK		
DIV ATTENDING sspirel or off CTOR: Affer d for use as the for use as the off or use as the off or use as the			ol) ottended the deceosed from 11. 29. 61, 19	, to 12
		sow the deceased alive on above, (1) (we) (did) (did not	) view the body ofter death.	deoth occurred on the date and hour and from the couses stated
OR he he by DIRI		22b. SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF
by the	-	22d. PHYSICIAN'S NAME TYPE OF	PHYSICIAN [ PRINT) 22¢ ADDRESS	☐ DIRECTOR ☐ PHYSICIAN 🗷
HOSPHT ined by FUNER FUNER ould be on			A	, 21216 , MD . 21216
TO HOSPITAL TO FUNERAL should be dei	22-	110		
OUU BP	230	BURIAL, CREMATION, REMOVAL SPECIFY)	236. NAME OF CEMETERY OR CREMATORY  12/19/81  Church Cam	23d. LOCATION CITY OR TOWN COUNTY STATE
(011	24 E	UNERAL DIRECTOR	25a. DA1	E REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
DHMH - 16 50M 1/76 (VR A 15 (4) )	1	PAME DR 1/2	13 ADDRESS 1/Colla A	- 4 m 1001 / 0 Mother



7= 5/1 The state of the s SUB-CONTRACT OF CONTRACT A CONTRACT 

	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 3 1 4 2 9  CERTIFICATE OF DEATH  REG. NO.					
4		CEASED NAME FIRST GERALI	PHILLIP	FOGARTY		nber 17,1981 8:35 a		
M)	3. SE	Male	4 RACE White	5. DATE OF BIRTH  12/01/04  YEAR	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.		
In 72		RIHPINEWPORTEGNO	U.S.A.	8 MARRIED W NEVER MARRIED WIDOWED DIVORCED	Baltimore city or	COUNTY OF DEATH		
Opplied with	10 C	Balto.		IG HOME OR OTHER INSTITUTION				
must be	USU. 13a S	STATE MA INCOLL	rother institution give residence before NTY 13c CITY OR TOW Catons	'N	Estimate 13e. STREET ADDRESS 315 Wav			
ond 2 sh ond 2 sh	14 FA	THER'S NAME  Phi	The Fogarty	15. MOTHER'S MAIDEN NAM Catherine	WE	Clark		
S. Poges 1		VAS DECEASED EVER IN U.S. AI		erity no. 17 INFORMANT Car 6130Mrs. Ellen	tonsvilles, T. Fogart	Md. 21228. Rd		
d by the ottending physicases remove corbanpop incl. cremotion, or removo or other traumotic event,		PART I. DEATH WAS CAUSE  Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	ESTILLE HEART ENCE OF WAC ARRYTHM!		APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH		
Then p r to bur injury,	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110						
t permit iene prio	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO		
riol-trons ental Hyg Item 18 sh		? 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH DA	21c. HOW INJURY OCCURE 19	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)		
tter this os the bu h and M irked ar	MEDICAL	ZId. INJURY OCCURRED  WHILE ON WHILE OF WORK	218 PLACE OF INJURY LAT HOME STREET, FACTORY OFFICE, F	ARM ETC.) 211. LOCATION STREET	CITY OR TOW	N COUNTY STATE		
for use of Health		sow the deceased alive or	nital) attended the deceased from	, and that in (my) (aur) apinion (	, todeath accurred on the date	e and hour and from the couses stated		
ERAL DIRECT OF State Dept.		226. SIGNATURE  Bet 7- 22d PHYSICIAN'S NAME (TYPE	Morton		MEDICAL STAFF DIRECTOR PHYSICIA			
hould be with the S		BERT F	- MORTON	22e ADDRESS				

CERTIFI YES I NO [ ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 211. LOCATION 218 PLACE OF INJURY CITY OF TOWN STATE AT HOME STREET, FACTORY OFFICE, FARM ETC ) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on ______above, (I) (we) (did) (did not) view the body after death. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL (SPECIFY) BUrial 23d LOCATION

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

Juneral 24 FUNERAL DIRECTOR sterling Edmondson Ave. ADDRESS

New Cathedral Cemetery-Baltimore,

The second of th The second secon and the first section of the f Md. washing the military and the series and the series and F. MARLED Fooderth Cotherine Committee Co. 2028. The Committee Co. 2028. The Co. 2028. and the Control of th

Items 7a,7b,8 g563 1/4/82 gj

FOR

- STATE

: (IVI)		MACE	Caecasian	MONTH OAY	1910	71	YRS. MONTHS DAYS HOURS MIN	
		IRTHPLACE (STATE OR FOREIGN OUNTRY) Haryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED A	9 BALTIMORE CITY OF	OF A.TY	
by the filed of the following the filed of the following t	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INS		12a USUAL OCCUPATION (TYPE OF WORKFOR MOST OF	ON 12b. KIND OF BUSINESS OR	
filled in nould be	13a.	en dule auc						
ond 2 sh	14 F/	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER	FIRST LANDEN NAM	MIDDLE	LAST	
be execu	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO TIMES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 213-093716 Runh mason 3/20 Family							
physicio npopers maval.		PART I. DEATH WAS CAUSE	ily one couse per line for (a), (b), and (b) BY:	PIRATIE	72	24 144 15	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
e deoth cer s ottending move corbo notion, or re troumatic e		2503 Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	REMIA				
is that the ed by the please rer mal, crem	MEDICAL CERTIFICATION	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	DIABETI		PHROPATH		
sign hen to bu			conditions <u>contributing to </u>					
N: The law re systeon. cate hos been consit permit. 1 Hygiene prior 18 shows ony in		19a DATE OF OPERATION	196 CONDITION FOR WHICH			200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \ NO	
tySICIAN: " ding physics secrificate burial-trans Mentol Hyg		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	21b. TIME OF INJURY HOUR A.M. MONTH D.P.M.	AY YEAR	NJURY OCCURR	ED (ENTER NATURE OF INJURY	Y IN ITEM 18, PART 1 OR PART 2)	
offendin offendin ter this of the bur h and Me		216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCAT STREET		CITY OR TOW	N COUNTY STATE	
TTENDIN spital or STOR: Af far use o of Health		spw the deceased alive on	tol) oftended the deceased from 19	11 - 22 2 , and that in (my	, 19 <u>8</u> r) (our) opinion o	deoth occurred on the do	, 19 , that (I) (we) lost te and hour and from the causes stated	
ration of the horse that DIRECT detoched ore Dept.		22b. SIGNATURE	tow So ms	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF		
TO HOSPITA retained by TO FUNERA should be de with the Stot		1224 PHYSICIAN'S NAME (TYPE		D mb 220. ADDRE		108PITA	L BALTMORE	
BP	230.	BURIAL CREMATION, REMOVAL	12-12-8/ 13c.	of Cemetery or	Em.	234 LOCATION BITY OR TOWN	E. Mare	
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	OSEPA A	USS - 22000000000000000000000000000000000	Northan	E 250. DATE	C 15 1981	Courses Santage	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DAY

YEAR

2b HOUR

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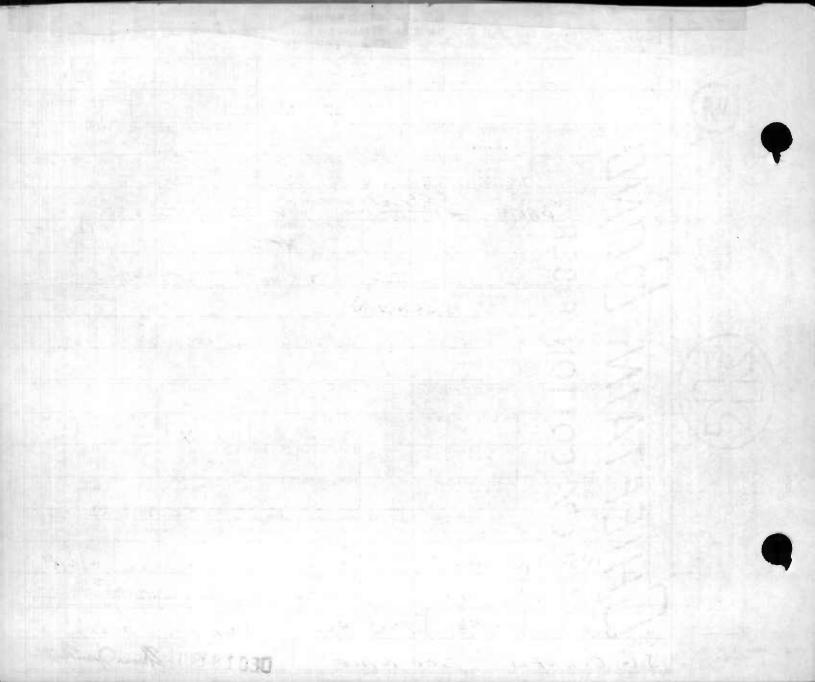
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			ERTIFICATE OF	<b>PEATH</b>	REG.	NO.				
	CEASED NAME FIRST		MIDDLE	LAST		20. DATE OF DEATH		DAY	YEAR	2h HOUR	
[TYPI	E OR PRINT) ZACHA	RIAH	HARDY	FOOTE			12	16	81	10:45P	
3. SE	Y	4 RACE	10	DATE OF BIRTH	-	6. AGE (IN YEARS LAST	RIRTHDAY)		RIYEAR	IF UNDER 24 HRS	
	ALE	WHITE		MO2TH 27	79	52	2001100000	MONTHS	DAYS	HOURS MIN.	
				4 21	23		YRS	_			
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8.	MARRIED   NEVER	MARRIED -	9 BALTIMORE CITY	OR COUN	NTY OF DE	ATH		
M/	ARYLAND	U.S.A			VORCED [	BALTIMORE	CITY			MD.	
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		TITUTION	120. USUAL OCCUPA	ATION			F BUSINESS OR	
R/	ALTIMORE	LRVAMC	RAT. TTMORE	E, MARYLANI	21218	AUTO MECH		G LIFE) I INL	USTRY		
USU	AL RESIDENCE (IF NURSING HOM	OR OTHER INSTITUTION	, GIVE RESIDENCE BEFORE AD	MISSIQN)	21210	AUTO THOM	MATO		-		
13a. :	AL RESIDENCE (IF NURSING HONSTATE	DUNTY	13c. CITY OF TOWN	EX 113d. INSIDE C		13e STREET ADDRES					
-	ARYLAND L	ALTO	-BALTIMORI		NO D	521 RIVER	SIDE .				
14. F/	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER	S MAIDEN NA	ME MIDDLE		(	LES	MENS	
PE	HILLIP		FOOTE		MURTA			(	CLEA	MONS	
	WAS DECEASED EVER IN U.S.		166 SOCIAL SECURIT	Y NO. 17. INFORMA			DRESS		LIK	J	
YI		REAN	217-24-11	11/4 VAMC	RECOR	DS, BALTIM	ORE I	MARVI	AND	21218	
-					ILLOOK	DO, DAIDLEIN	отш, .				
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:									ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  UNKNOWN										
	1629	DUE TO, C	DUE TO, OR AS A CONSEQUENCE OF								
100	Conditions, if any, which ( 16) METASTATIC SQUAMOUS CFL CARCINOMA										
	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
	underlying cause last.	1 000 10,0	CF LUNG								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
Z	AKI Z OTTEK SIGNIFICAN	TONDINONS C	ONTRIBOTING TO DET	BOT NOT KELATEL	/ TO THE TERM	MINAL DISEASE OR CC	JINDINON (	GIAFIA IIA	FARI III		
CERTIFICATION	190. DATE OF OPERATION	19h COND	ITION FOR WHICH OF	PEDATIONI WAS BEDEC	PAAEN	20g AUTOPSY?	1205 IE 1	VES WED	FEINDIN	ICS HSED	
Š	198. DATE OF OPERATION	IVII. COND	IIION FOR WHICH OF	ERATION WAS PERFO	IN CERTIFYING CAUSES OF DEATH?						
I E					YES NO YES NO						
2	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		M. MONTH DAY	YEAR 21c. HOW IN	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) R						
š	(IF EITHER, NOTIFY MEDICAL EXAM	DEATH	Μ.	19							
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	211 LOCATE	NC	CITY OF			UNTY	STATE	
E	NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, FARA	STREE		CITA OK	TOWN	CO	UNIT	SIAIE	
	and the same of th	ornital/attached th	o decreased from N	OVEMBER 27	, 10 81	, DECEME	BER 16	. 10	81	41-14-1	
	saw the deceased alive as DECEMBER 16, 19 81, and that in (nX) (our) opinion death occurred on the date and hour and from the causes stated above, X (we) (did) (XXXXView the body after death.										
	22b. SIGNATURE DEGREE									SIGNED	
	- IAMO	ga v	WD	INTE	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12 16/81						
	226 PHYSICIAN'S NAME (T	PE OR PRINT)		22e. ADDRES	5			Date			
	J.M.	NOGA	W	3900	LOCH RA	AVEN BLVD.	BALTI	MORE	, MD	21218	
230	BURIAL, CREMATION, REMOV	VAL 23b. DATE.	1231 NA	ME OF CEMETERY OR		123d, LOCATION					
	(SPECIFY) RURIAL	12/10		LLY HILL		CITY OR TOWN	()	COUN	TY	STATE	
24 E	DVN///L		101 110			IS ALT	ADIACL DEC		CICNIAT	LIDE	
1	NAME		ADDRESS		230. DAI	THE CO. OT REGISTR.	1	ISTRARS	JIGNAI	Mastle	
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DHMH-16 30M 2/80 (VRA 15, 4)

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TO FUNERAL DIRECTOR should be detached for with the State Dept. of MPORTANT, IF Its



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 2b. HOUR

REGISTRAR 1. DECEASED NAME TYPE OR PRINT ALBERT Lee Jr. FORRES 4 RACE

Waybright 1225 Gregor Way Balto., MD.21224

126 KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH 40

BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

COUNTY STATE

NO [

and that In (my) your) opinion death occurred on the date and hour and from the couses stated 27c. DATE SIGNED

24 FUNERAL DIRECTOR Duda-Ruck, Inc. AODRESS

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNAT

7922 Wise Avenue Dundalk,

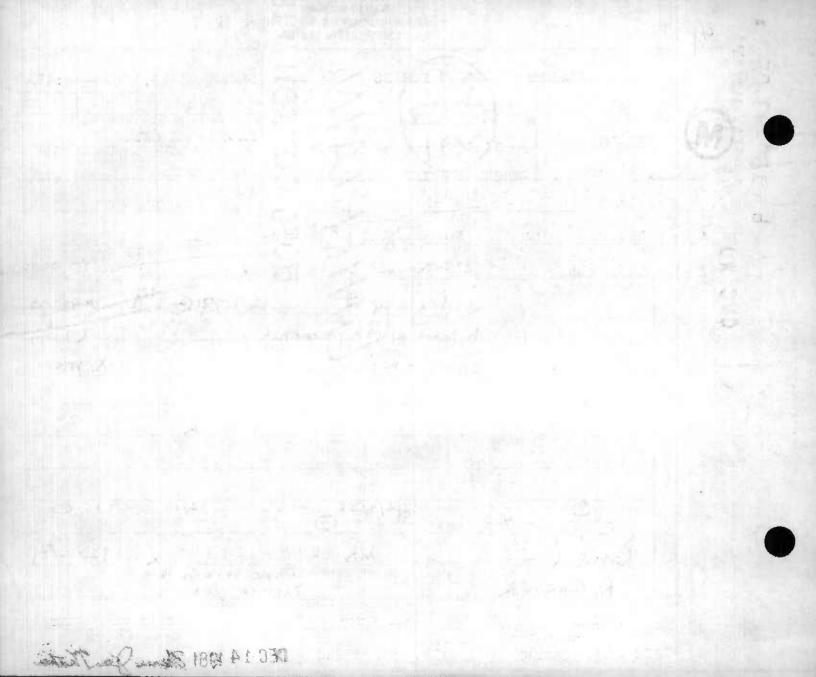
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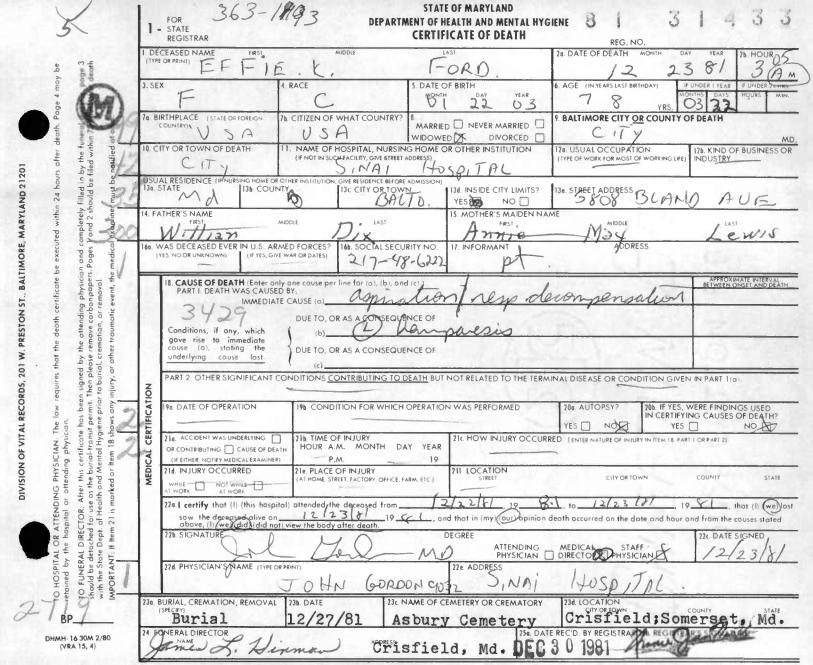
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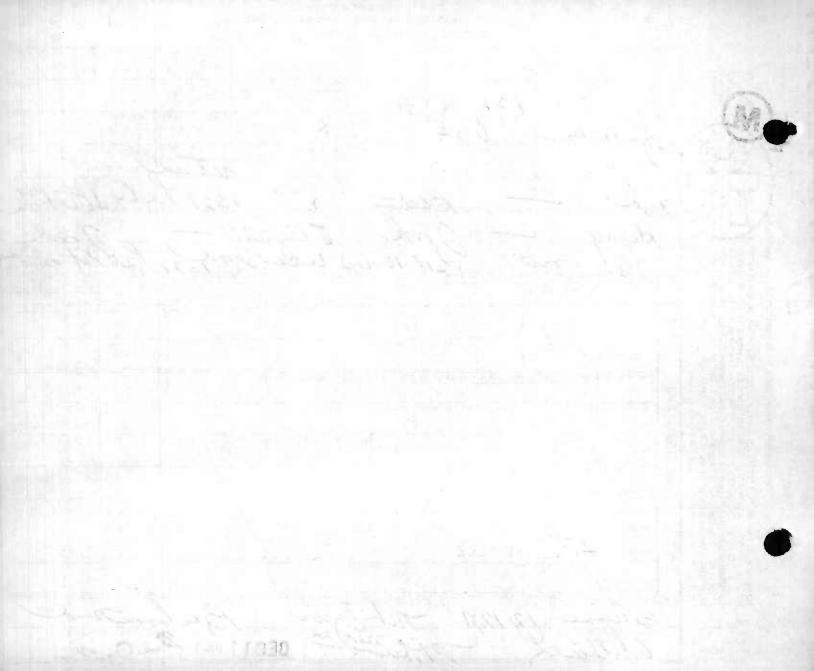
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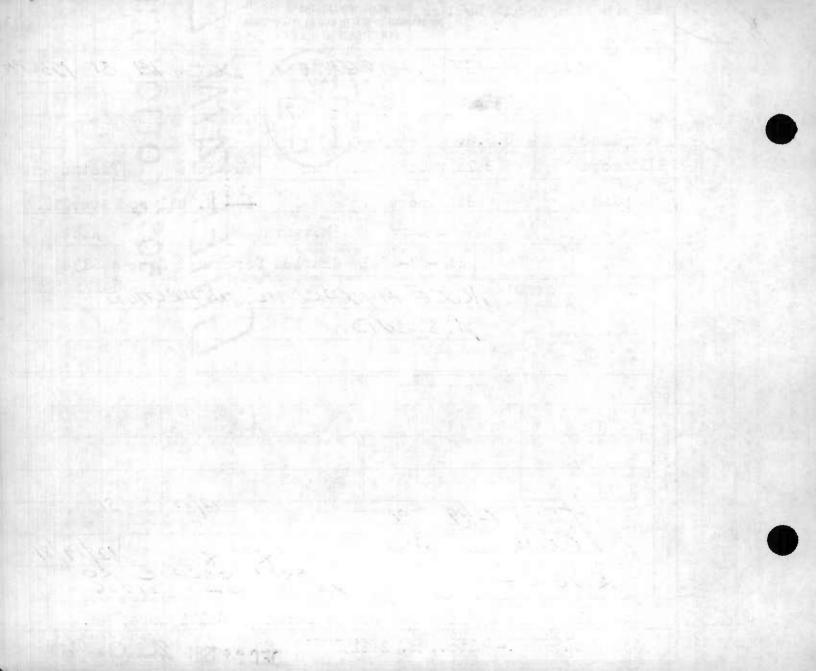




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	1-	FOR STATE			EPARTMENT OF		MENTAL HYGII		3 1	4 3	4
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EAS FILES REET,	3. SE)		Hen 14 RACE	S. DATE OF BIRTH	6 AGE (IN YE			DEATH MATEI	x 12	5 19 81	M 2d. HOUR
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DS PER POLICE	LISTI	Baltimo			es lie Stree			relied	8		
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	14. F	ATHER'S NAME		MIDDLE	A LAST	1	HER'S MAIDEN NA	ME MIGGLE		ner	711
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	¥	WHILE AT WORK	NOT WHILE	STREET, FACTO	RY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	r	STATE
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L EXAMINER: E CERTIFICATE OULD BE FORV H. WIRECTOR: MARYLAND.		death result	ed fram: Noner	al causes XX,	accident, Su	icide . Han	nicide Unc	determined manner	$\supset$ ,		
EXA OEB CERT		ACTUAL	TA	14/11/	3		(SPECIFY)		DATE	12/5/81	
SE S		SIGNATURE,	11/6	- 0000	,	M.D. ASS	istant _M	EDICAL EXAMINER	SIGNED_	12/3/01	
FE PARTE		EXAMINER'S (TYPE OR PRI		Hormez R.	Guard MD.	ADDRESS	111 Penn	Street, Ba	lto.,MD 2	21201	
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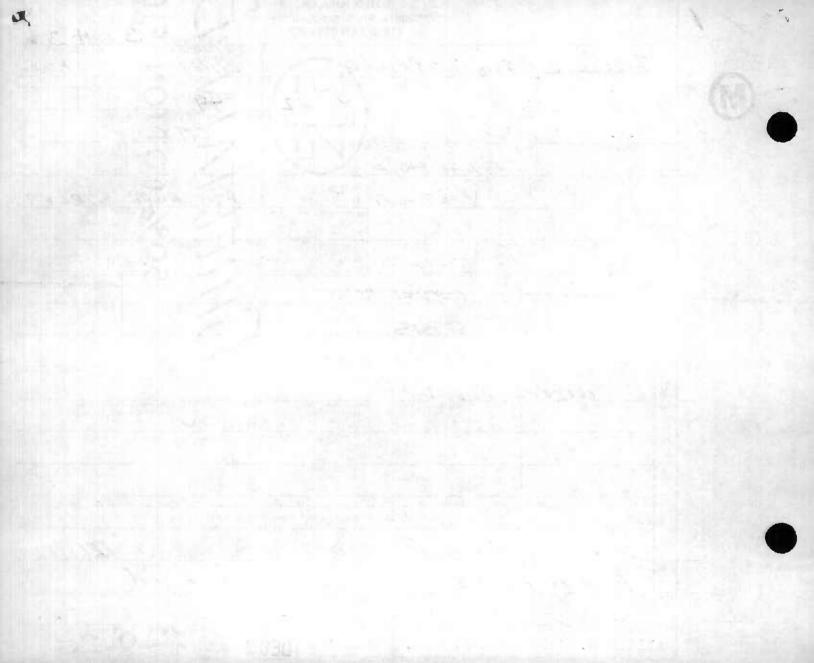
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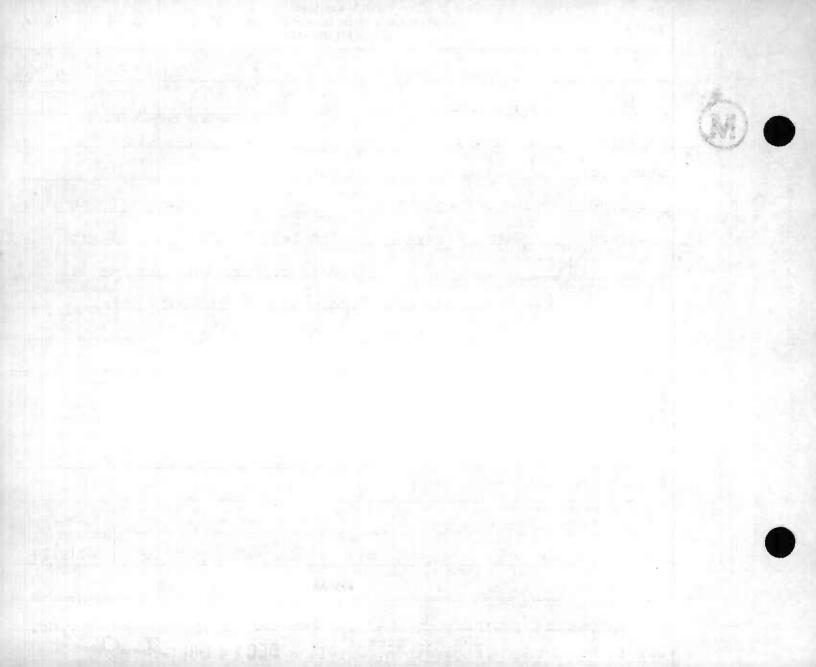
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



	1.	FOR - STATE REGISTRAR			EALTH AND MENTAL HY	GIENE U REG. N	3	64	0 /
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
ge 3	(TYPE	ORPRINT) BB	of BONNIE	FORSY	THE		12 5	81	4 30
0.0	3 SE		1. RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS
		N	EMAL + e	MONT			YRS.	DAYS	HOURS MIN
LEN.		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT O	OUNTRY? 8		9. BALTIMORE CITY		DEATH	
18145	0.0	OUNTRY) RYLAND	U.S.A.	WIDOWI	D NEVER MARRIED 🔀	0.21:	City		440
by the filed will		ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME	OR OTHER INSTITUTION	Raltimor	ION 12		BUSINESS OR
be filed wi	B	altimore	Baltimor	en 1 1 1 1 1	ospital	(TYPE OF WORK FOR MOST O	OF WORKING LIFE) IN	NDUSTRY	
9	AUSU.	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RES	DENCE BEFORE ADMISSION)		1			M J
should b		STATE TO COL		onsboro	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	v 700 f	- Poo	Md.
miner		aryland Wash	nington Bo	OHSDOLD	YES NO X	Rt. 1 Bo	x 388 C	- 000	nsbor
つかり		FIRST	MIDDLE	LAST	FIRST	MIDDLE	-	ŁAST	
230	14.	Edward		rsythe	Bonnie	LYNN		laylo	r
medicol	100	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT	ADDR	E 22		
a)					Bonnie L.	Forsythe	Same a	15 #1	3
event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one couse per line for	(o), (b), and (c)	1	- 1		APPROXIM BETWEEN OF	ATE INTERVAL
even			ATE CAUSE (a)	Cardior	espiratory	Faller	e .		
or r		7798	DUE TO OR AS A	CONSEQUENÇE OF	4.				
ion,		Canditions, if any, which	( 1b)	EXTYPA	ne Prema	tusita			
emot er tre		gove rise to immediate couse (a), stating the	DUETO ODASA	CONSEQUENCE OF				114	
ial, crematian, or r or other traumatic		underlying couse last.	DOE TO, OR AS A C	ONSEQUENCE OF					
7, 01		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBI	JTING TO DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVEN IN	N PART 1(g)	
injury,	N O	1 427							
ony ii	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WE	RE FINDING	GS USED
shows	Ĕ					YES NO	IN CERTIFYING	CAUSES C	OF DEATH?
D - C	1	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR	Y	21c. HOW INJURY OCCUR			OR PART 2)	1.0
d or Item 18 sh		OR CONTRIBUTING CAUSE OF D							
r He	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED	R) P.M. 21e PLACE OF INJU	19	216 LOCATION	<del></del>			
edo	WE	WHILE NOT WHILE		ORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN C	OUNTY	STATE
morked or Item 18		AT WORK		and from 12 1	4 10 81	1	_	E + 1	
Te		220.1 certify that (1)(this has		sed Truth	, 17	, to		th	iat(1)(we) last
1. of		sow the deceased alive a obove, (1) (we) (did) (did)	ot) view the body after de	oth.	nd that in (my) ( <del>our)</del> opinian	death accurred on the a			
Dep f He		22b. SIGNATURE			DEGREE ATTENDING	MEDICAL STA		22c. DATE S	IGNED
ete T.		Vinoah	- Naraya	nan M	PHYSICIAN [	MEDICAL STA		121	5181
TAP		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS				
should be detached for with the State Dept. o		V. MARAY	ANAN		BARNOO!				
S 3 ₹	23o 1	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN			
G-071	(	SPECIFY) Auriel	10 10 01		cemete		COUN	lash	STATE
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(4))	G	erald N. Min	nich Hage	Abress Potom rstown,	ac St.	C 1 4 1981	Trance	July 1	or Cham.
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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DIVISION OF

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

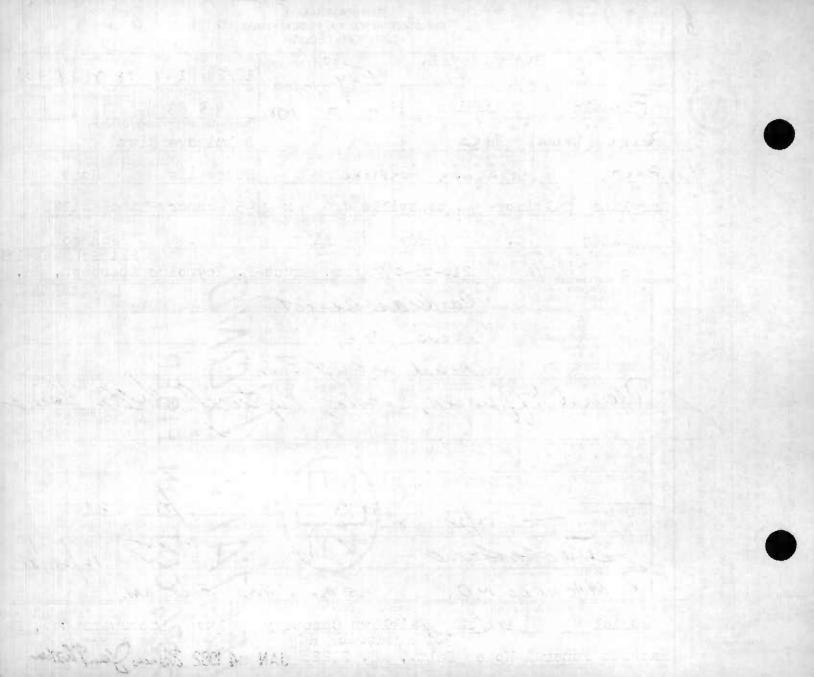
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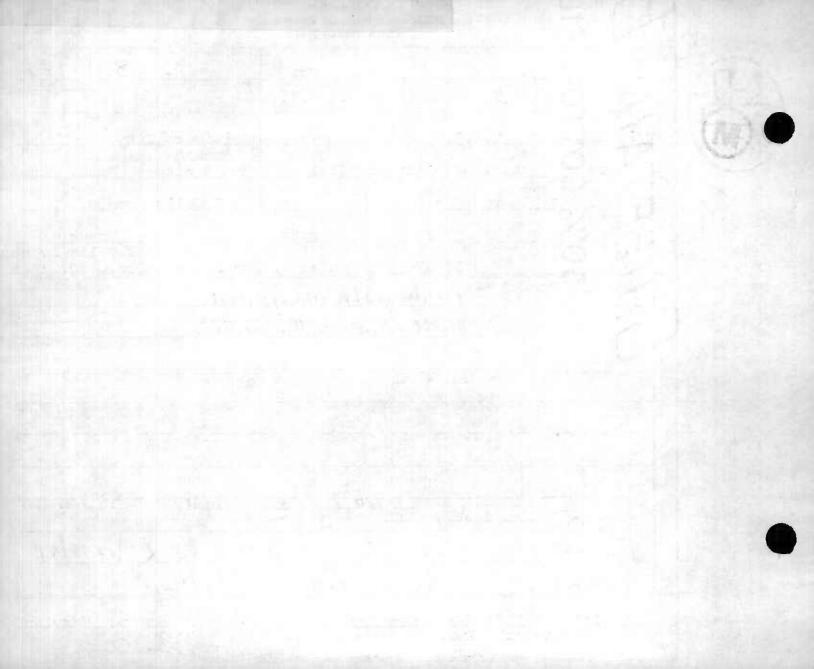
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H hard Funeral Home, Inc. 4107 Wil ens tre.

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Charles Andrew Control of the Contro 42165 product 5 James and a Committee of the Committee o 



φ	-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE B 1 3	1 4 4 2
<b>A</b> )71		DECEASED NAME FIRST TYPE OR PRINT! GEONGE	MIDDE .	Frazien	20. DATE OF DEATH, MONTH D.	YEAR 26 HOUR
A STATE OF S		M ale	1 RACE White	5. DATE OF BIRTH  MONTH S AY  YEAR		FUNDER LYEAR IF UNDER 24 HRS DNIHS DAYS HOURS MIN.
deoth. Po	5	BALTIMORE Md	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF BALTIMORE CIT	
by the fune filed within	7	BALTINONE	MERCY HOSPIT	AL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIJE) RET [ REP Sale	126. KIND OF BUSINESS OR INDUSTRY JNK (0.
hin 24 hour should be thousand be	5	MD.	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY  131. CITY OR TOW  BALTIMO	N 113d INSIDE CITY LIMITS?	130. STREET ADDRESS. 337 E. HAMBUR	€ 51.
ompletely ond 2 sh		TAMES J. FRA	MIDDLE LAST	15. MOTHER'S MAIDEN NA MAMIES SC		LAST
be execu-		Q WAS DECEASED EVER IN U.S. AI (YES, NO OR UNITOWN). (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 212-10-7		e M.Frazier, Same o	as above
that the death certificate d by the attending physical lease remove carbon paper (of, cremation, or removal, or other troumatic event, th		PART I DEATH WAS CALLS	TE CAUSE (6) SEVERE ACI	DOSIS - HYPOTENSIC ENCE OF TOACL DOSIS, EXTENS		BETWEEN ONSET AND DEATH
requires en signe t. Then p or to bur y injury,		PART 2. OTHER SIGNIFICANT		<u>DEATH</u> BUT NOT RELATED TO THE TERM		
on. hos by perm ene pr	2	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
SICIAN: 19 phys certifico riol-tror entol Hy ltem 18	/	OR CONTRIBUTING CAUSE OF DE	P.M.	19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	IT 1 OR PART 2)
or ottending After this ce to os the buri		21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC ) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI or spitol or USe. A for use of Heolin of Meolin or Oscillation of Meolin of Meolin or Oscillation or Oscilla		sow the deceased alive or above. (1) (we) (did) (did m	tal) ottended the deceosed from 19	17_[19], 19_\$[ \$1, ond that in (my) (our) opinion	, to, lodeoth occurred on the date and hour	
y the ho RAL DIRE detoched fote Dept		274 SIGNATURE	1. Tellers	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	12/19/21
FUNER ould be th the St		MARGARET K		301 ST. PAU	ILST. BATTIMONE, I	4D. 21203

231 NAME OF CEMETERY OR CREMATORY

Dec. 23, 1981 Glen Haven Mem. Pank

McCulty Funeral Home, 130 E. Fort Ave. Balto. Md.

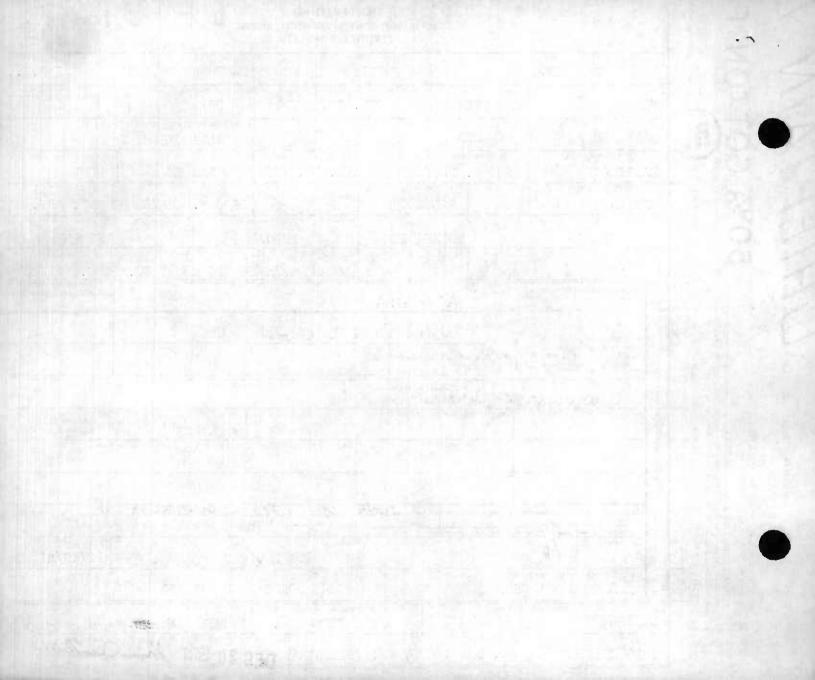
23d LOCATION
Glen Burnie, A.A. Co. Maryland

DHMH-16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

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J. S. V., neste				
				of the servant
SWOOD NO.	le (1,1 especia) invia	William College		

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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burial-transit per Mental Hygiene

or Item 18

1	FOR STATE REGISTRAR	DEPARTA	STATE OF MARY MENT OF HEALTH AND CERTIFICATE OF	MENTAL HY	GIENE 8	3	1	4 4	Eng
	1. DECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	?
	VIRGI	NIA M.	FRITZE			12	06 81	2:53	AN
	3 SEX	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST B		IF UNDER 1 YEA	AR IF UNDER 2	
	FEMALE	WHITE	09 23	1898	83	YRS.	MONTHS DAY	S HOURS	MIN.
-	BIRTHPLACE   STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED -	9 BALTIMORE CITY		OF DEATH		
1	MARYLAND	U.S.A.		ONORCED [	BALTIMOR	E CITY			MD
^	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		STITUTION	120 USUAL OCCUPATION OF MOST			OF BUSINES	SS OR
)	BALTIMORE	ST. AGNES HO		R.	HOMEMAKEI		-		
1	130. STATE IF NURSING TOME OF			CITY LIMITS?	13e STREET ADDRESS				
>	MARYLAND BALT	IMORE ARBUTUS	YES 🗌	NO 🔀	1301 LIN		ENUE,	21227	
11	14 FATHER'S NAME		15. MOTHE	R'S MAIDEN NA	ME				

JOHN **CROOKS** LAURA SMITH ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CHARLES W. FRITZE 1270 LINDEN AVENUE, 21227 NO 216-28-2034 APPROXIMATE INTERVAL BETWEEN ONCE LAND DEATH 18 CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE if ony, which gove rise to immediate (a), stating underlying couse (ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) STREET CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended sow the deceased alive on above, (I) (we) (did) (did not) view the b the date and hour 22b. SIGNATURE DEGREE 221. DATE SIGNED TTENDING STAFF HYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS WILLIAM J. BRYSON, M.D. 5.7.72 WESTVIEW MALL 23e BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY BUR LAL STATE 12-09-81 LOUDON PARK BALTIMORE CITY MARYLAND 24 FUNERAL DIRECTOR 21229 250 DATE REC'D. BY REGISTRAR DE REGISTRAR'S SIGNATURE

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

Vance!

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

should be detached

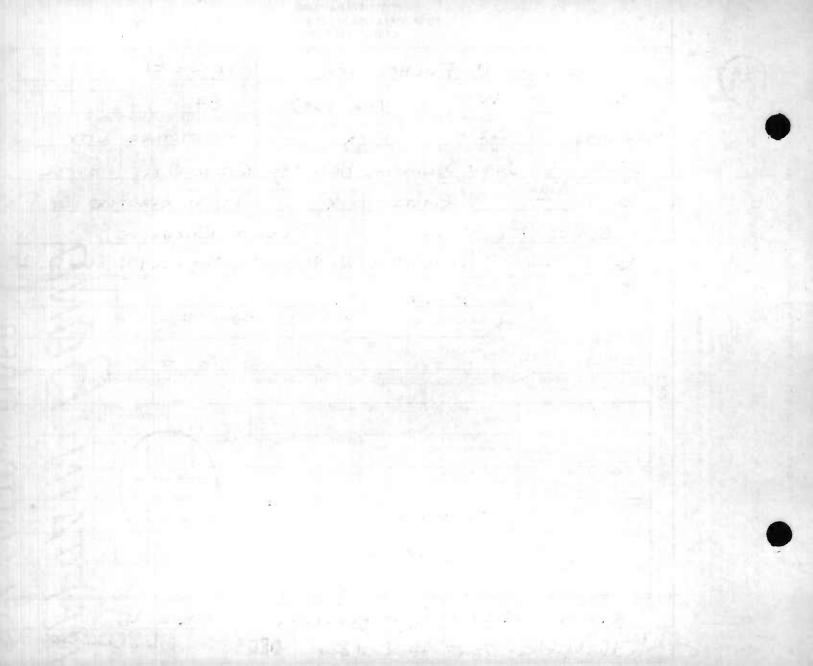
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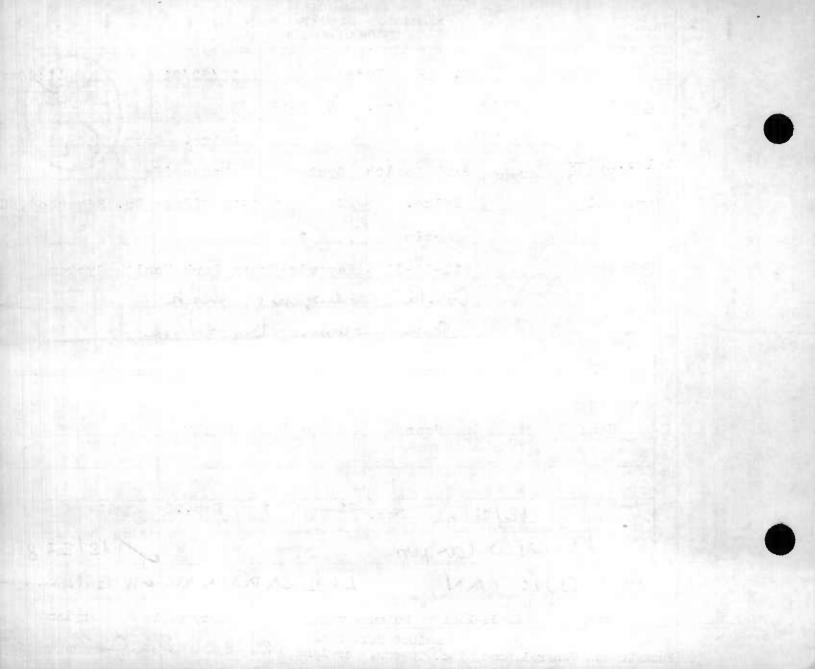
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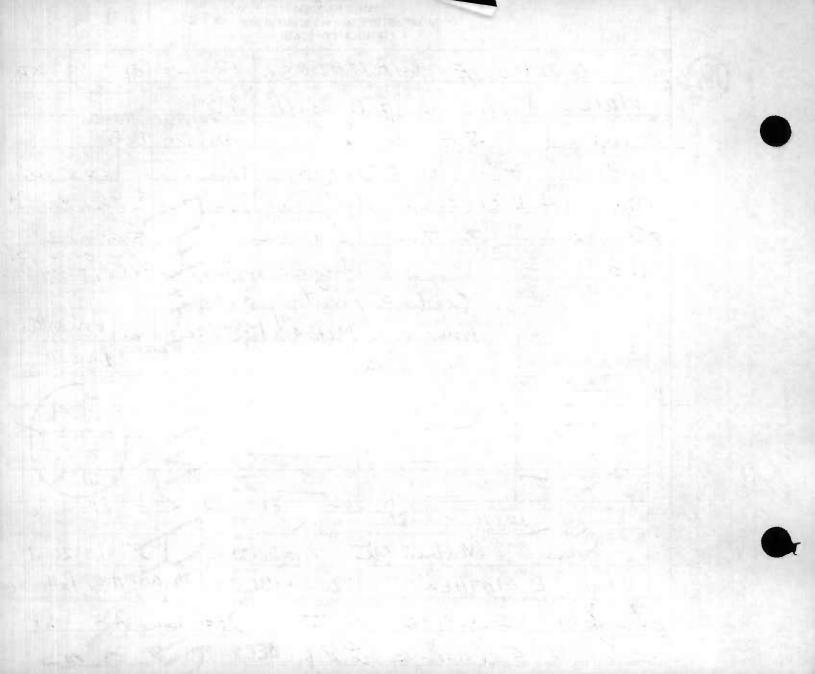


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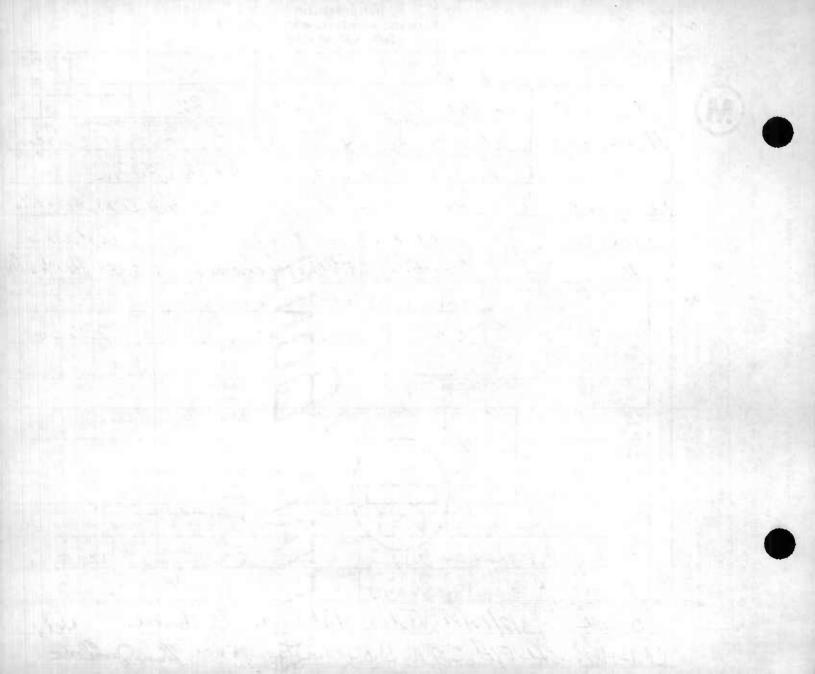
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	1		FOR		STATE OF MARYLAND	8 1 3	1 4 4 8
4	16	1 -	STATE	DEPAR	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	SIENE O I	
	2	) DE	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	PAY YEAR 26 HOUR
÷ 3			OR PRINT)	018	Gallanan	28 DATE OF DEATH MONTH	2 PL 26. HOUR
noy b	400	3. SE:	10/2/	4 RACE	15. DATE OF BIRTH	6. AGE   IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1 (0)	18	J. JL.	EFINAL	1/2000	MONTH DOAY WEAR		ONTHS DAYS HOURS MIN
- 60 IV	1)	7e. 81	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY	3 21 77	9 BALTIMORE CITY OR COUNTY	OF DEATH
death. I	SK	1	MOUL ALLY	11.54	MARRIED NEVER MARRIED	BALLIMORE CITY OR COUNTY	OF DEATH
	P	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
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in in on the	pe	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BELL		1119 Ceauting	<u>an</u>
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	E -		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSECU	JENCE OF		
d b	ar oth		underlying cause lost.	( (c)			
	jury,	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	EN IN PART 1(a)
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/ITAI	18 shov	ERT	21a. ACCIDENT WAS UNDERLYING	100		YES NO YES	ART 1 OR PART 2)
A OF VITA SICIAN. Ti ng physici certificate		CAL C	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR		
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VISIO  O PHY  O PHY  or this  or the be	marked o	ME	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
0 p 4 s			22a. I certify that (1) (this hospite	al) ottended the deceased from	11/24 1981	, to 12-112	19 8 , that (1) (we) last
OR ATTEN e hospital DIRECTOR	21 is		sow the deceased alive on above, (1) (we) (did) (did not	12/12 19.	81, and that in (my) (our) opinion	death accurred on the date and hour	and fram the causes stated
8 4 8 8 8 8	Dept.		226. SIGNATURE	) A A	DEGREE		22c. DATE SIGNED
	- <del>-</del>		Mulal R. E	vaden Sr. 14	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	12/12/81
E 6 E	TAN		22d PHYSICIAN'S NAME ITYPE OR	PRINT)	22e. ADDRESS		
6	MPORTANT:		Michael R.	Bradenst	MD Providen	THOSP. Balti	mre, Md.
0 a 0 4	3 ≧	23 a E	URIAL, CREMATION, REMOVAL	23b DATE 234	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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DHMH - 16 50M 1		24. FU	NERAL DIRECTOR	- 11/ 2 ADDRESSA	1 Q 1 (250 DAT	E REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
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7601 Sandy Spring Rd. Laurel, Md.

(VRA 15. 4)

STATE OF MARYLAND

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DE	AIH		REG. N	NO			
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he H	Yes WWII 213-09-7156 VAMC records Baltimore, Maryland 212  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).													
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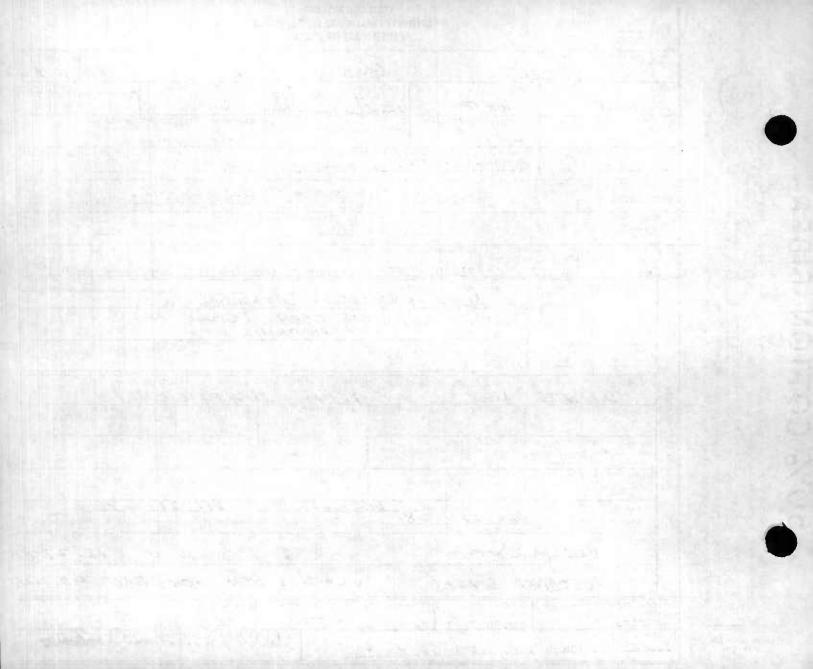
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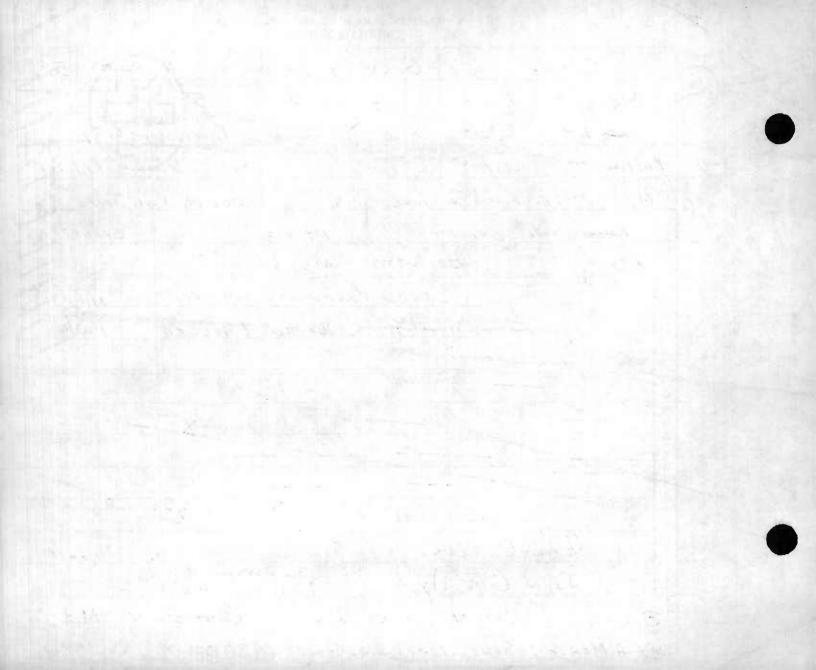
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		CEASED NAME FIRST		WIDDLE		LAST	W 14	20 DATE OF DEATH	ONTH (	DAY YE	AR 2b. HC
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20		aryland	U.S	S.A.	WIDOW	_		BALTIMOR	E CIT	ry	
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500		Harvey	WIDOLE	Gamb	er	Lil]	lian	MIDDLE		H	ıknown
dicol		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		17 INFORMANT	LIGH	ADDRES	S	2122	
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vent		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	OVA. O	erely	roborcul	Der (	eccident-S	TROI	A. OCT	LILAC
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injur	CERTIFICATION										
no Co	CAT	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	206. IF YES	WERE FI	NDINGS USI
ows	TIE							YES NO	YES		NO NO
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21 is		saw the deceased plive a above, (1) (we) (did) (did n	n De	C 2810_	81.0	nd that in (my) (auxi	opinion d	leath occurred on the date	and hour	and from	
E		226 SIGNATURE	ot) view the body	offer death		DEGREE					ATE SIGNED
=		1 allroa	L/1	for	X	ATTEN	NDING X	MEDICAL STAFF	N	1:	2-28
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IMPO	23n I	URIAL, CREMATION, REMOVA		1 22.	NAME OF C	EMETERY OR CREM		ON STREET	wur	more	11/100
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ı	16a. V	VAS DECEASED ES, NO, OR UNKNOV	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166	SOCIAL SECURITY	NO.	17. INFORMANT		ADDRESS			
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Miller Inc-6415 Belair Rd. -21206

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR - STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

The: BIRTHPLACE

Maryland

14 FATHER'S NAME

CERTIFICATION

MEDICAL

18 shav

marked or Item

IMPORTANT:

W. Virginia 10 CITY OR TOWN OF DEATH Baltimore

USUAL RESIDENCE (IF NURSING HI

Michael 160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN)

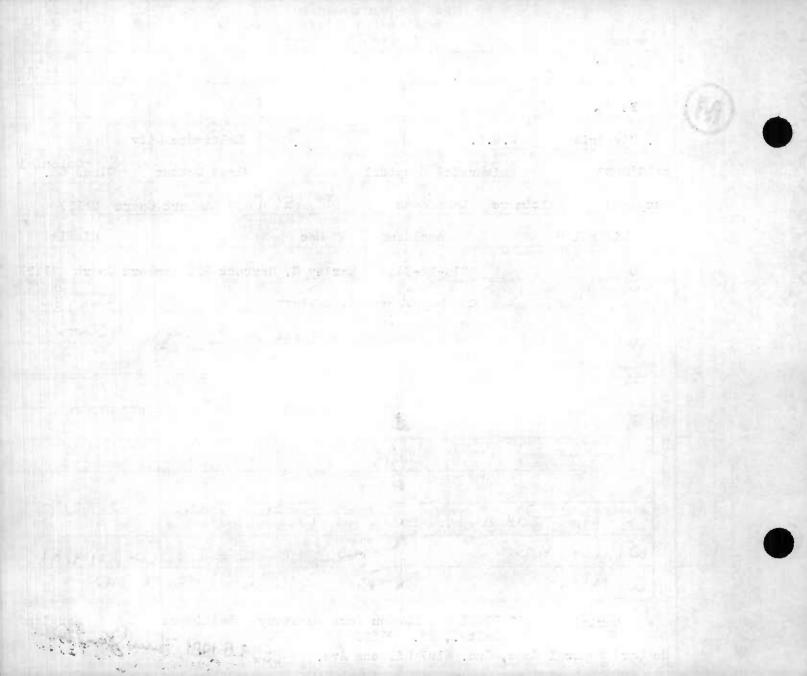
23a BURIAL, CREMATION, REMOVAL Burial

3. SEX

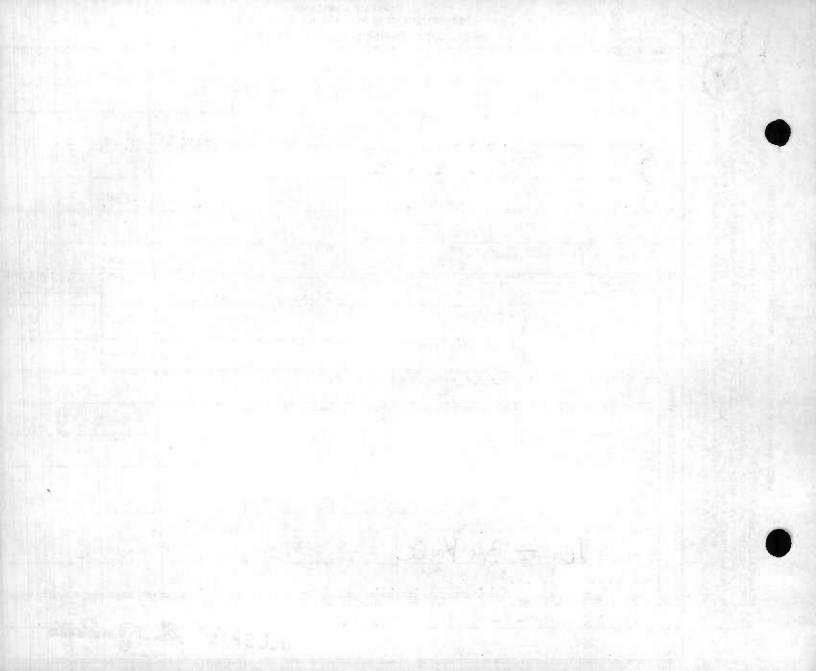
FOR STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	YGIENE 8 1	3	1 4	5 6	
CEASED NAME FIRST		WIDDLE		LAST	20 DATE OF DEATH		OAY YEAR	26. HOUR	-
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	4 RACE			OF BIRTH	6 AGE (IN YEARS LAST	_	IF UNDER TYEAR	IF UNDER 24 HRS	
Female	Whi	te	MONT	^h 2 ^{ve} 19	62	YRS.	MONTHS DAYS	HOURS MIN.	
OUNTRY)	76. CITIZEN OF	WHAT COUNT	RY? 8.	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		_
. Virginia	U.S.A	•	WIDOWI	ED DIVORCED	D - 1 +	e City		MC	٥.
ltimore	Unive	rsity H	ospital	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Glass Cut	OF WORKING LIFE	126 KIND O INDUSTRY Glass	Colonial Co.	
	OTHER INSTITUTION NTY	GIVE RESIDENCE BE 130. CITY OR TO Lansdo	OWN	13d. INSIDE CITY LIMITS?	450 Lambe	rt Cou	rt 212	227	N
THER'S NAME FIRST  Michael	WIDDLE	Dona	1dson	15 MOTHER'S MAIDEN N	MIDDLE		Ri	ffle	_
AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADD	RESS		1	7
NO	c was on Daires,	215-22	-9455	Harley G. (	Garrett 450	Lamber	t Court	21227	ri e
Canditions, if ony, which gove rise to immediate cause (a) stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, O  (b)  DUE TO, O	R AS A CONSEC R AS A CONSEC	QUENCE OF	ninous cell	Yan	and Dition Give	Qmin Qmi		
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21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFI	CE FARM ETC )	PII LOCATION STREET	CITY OR	OWN	COUNTY	STATE	
22a I certify that (I) (this haspi saw the deceased alive on above, (I) (we) (did)/(did no 22b. SIGNATURE			8 . ar	DEGREE  ATTENDING	m death occurred on the	date and hour		SIGNED	
22d. PHYSICIAN'S NAME (TYPEO W. MYERS	R PRINT)	62.23		1220 ADDRESS	- HOSP 1	-	1	1	
JRIAL, CREMATION, REMOVAL	23b DATE			Park Cometer	CITY OF TOWAL	200	COUNTY 3	dary I and	=

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

Balto., Md. 24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 250 DATE REC D. BY REGISTRANDS REGISTR



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN MONTH (TIPE CHIMAN) OF ESTI-21 DEATH MATED Doris Garrison 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. HINOM 5. DATE OF BIRTH DAY 20. DATE 2d. HOUR MONTH LAST BIRTHDAY) DAY VEAD 11:18 PRONOUNCED 10 81 female black In BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City WIDOWED [ DIVORCED 115 ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore Favette St. ILLIAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Balto. 734 W. Favette St H FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST AMPOUR LAST Watts Walter 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS YES, NO, OR UNKNOWN! I LIFYES GIVE WAR OR DATES! Darlene Garrison. 2231 Brookfield Rd. 219-18-7980 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION WARDED TO THE USED AND THE DEPARTMENT OF HEAD THE DEPARTMENT OF HEAD THE DEPARTMENT OF BURIAL. 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOTE 21a EXTERNAL CAUSE WAS 71b. TIME OF IN IURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 220 I certify that I taak charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinion death resulted from Natural causes X Aceident Suicide Homicide Undetermined manner TITLE (SPECIFY) DATE SIGNED 12-28-81 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell. M.D. 111 Penn St. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 12-28-81 Burial King Mem. Pk. Randallstown Md 24. FUNERAL DIRECTOR **DHMH-17** Vernon R. Bailey, 1348 N. Calhoun St. (VR A15 ME (5)) 15M 2/80



## 1 - FOR STATE REGISTRAR

76 CITIZEN OF WHAT

11. NAME OF HOSPITAL NURSING HOME OR O

FIRST

(STATE OR FOREIGN

1136

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

	REG. NO	Ο.				
	20 DATE OF DEATH	MONTH	25	YEAR 8	26 HOL	IR 30
	6 AGE LINYEARS LAST BIR	THDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR
95	86	YRS	MONTHS	DATS	HOURS	MIN
	9 BALTIMORE CITY O	R COUNT	Y OF DE	ATH		

12a USUAL OCCUPATION

NIND OF BUSINESS OR

rs after

1. DECEASED NAME

& BIRTHPLACE

3. SEX

campletely filled in by the funeral in 1 and 2 should be filed within 72 hi puo injury, ar ather traumatic hould be detached for use as the burial-transit permit. Then please remaye a min the State and the Abability of Health and Mental Hygiene prior to burial, are mation, MPORTANT If them 21 is marked or them 18 shows any After this certificate has be TO FUNERAL DIRECTOR.

A TENDING PHYSICIAN: The ned by the hospital or affending physicia DHMH - 16 50M 1/B1 (VRA 15, 4)

1	Ma	Balto	YES NO 🗆	Roland View	1 laures
14 F	ATHER'S NAME	DLE LAST	15 MOTHER'S MAIDEN NAM	E A A	
	John C. Bolo		Greeta	a Watch	S LAST
	WAS DECEASED EVER IN U.S. ARME		17. INFORMANT	ADDRESS	
	[YES, NO ORTHKNOWN] [IF YES, GIVE W.	213-12-061	MRS. D.W.	OPRICK, JR	-, mD.
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	1 11 4 - 11, 14 4	Thrombos	in Crecurent	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which	DUE TO, OP AS A CONSQUENCE OF	leute Cer	Morasula	
	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF	6	lisease	10 years
0.0	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMIN	IAL DISEASE OR CONDITION GI	VEN IN PART 110
ON N					
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	INCERT	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
E E	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	
AL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR			
EDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
ξ	WHILE NOT WHILE AT WORK	[AT HOME, STREET, PACTORY, OFFICE, FARM, ETC.]	STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (this hospital)	pitended the deceased from	wh 27 19 14	to Hez 25	19_8/_, that # (we) lost
	sow the deceased plive on obove, (1) (1 to (did) (did or vi	Hee 25 1981	and that in (my) (am opinion de	oth occurred on the date and ha	Sec.
	TTY SIGNATURE )	ew the agay offer death.	DEGREE		22c. DATE SIGNED
	Was tenedo	, h	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/25/81
1	THE PHYSIC IANASTRALE POPORTO	M . 0 =	22e. ADDRESS		Baltemore
	W. B. A	Jamieli In	Keswick DO	OW. HOTES	8 2/2/1
	BURIAL, CREMATION, REMOVAL	36. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	
	ntombment	12/28/81 Loud	lon Park	Balto.,	Md
24 F	UNERAL DIRECTOR Henry	W. Jenkins & So	ons Co. 250 DATE	REC'D. BY REGISTRAR THE GIS	TRAN WALLE BANKEN
4	4905 York Road	Balto., Md. 21	212 DE	C29 1981	W 7
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- STATE

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 26 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR INDUSTRY Novak Mrs. Helen Black. 7900 Allard (t. Balto. M.

20b. IF YES, WERE FINDINGS USED

21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

22 DATE SIGNED

NO [

24 FUNERAL DIRECTOR

"ully Funeral Home, 130 E. Fort Ave. Balto. Md.

DHMH-16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE <b>3</b> REG. NO.	٥ ١	-4	Ò	
hler	Genmill	20. DATE OF DEATH MONTH	28	YEAR 81	2b. HOL	1R 50 A
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	Aug 26, 1908	73 YR	MONTHS	DAYS	HOURS	MIN
COUNTRY?	8	9 BALTIMORE CITY OR COUN	TY OF DE	ATH		

Female White D. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT

MIDDLE

USA

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Baltimore City 120 USUAL OCCUPATION ETYPE OF WORK FOR MOST OF WORKING LIFE

Asst. Buyer

126. KIND OF BUSINESS OR Budget &

Procuremt

Baltimore Church Home USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136. COUNTY

13c. CITY OR TOWN Baltimore

Louisa

13e STREET ADDRESS Pro 101 N. Bond St., Balto. Scheeler Barbara

August

No

CERTIFICATION

MEDICAL

8

MPORTANT:

Md. 14 FATHER'S NAME

Maryland

CITY OR TOWN OF DEATH

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

3 SEX

Kahler 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 216-01-0940

17. INFORMANT

Mrs. Norma K. Miller, 3125 Cornwall Rd

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate (a), stating underlying cause

DUE TO, OR AS A CONSEQUENCE OF

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED

21b. TIME OF INJURY HOUR A.M.

21e. PLACE OF INJURY

MONTH DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21f LOCATION

COUNTY CITY OR TOWN

STATE

22a.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on. abave, (1) (we) (did) (did not) view the bady after deat) 22b. SIGNATURE

NOT WHILE

DEGREE

ATTENDING

STAFF DIRECTOR | PHYSICIAN | 22c. DATE SIGNED

22e. ADDRES

Church Home Hospital Favette & Broadway

	SPE				
B	u	r	ia	1	
_	-	-	_	-	

12/30/81

23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

Baltimore, Maryland

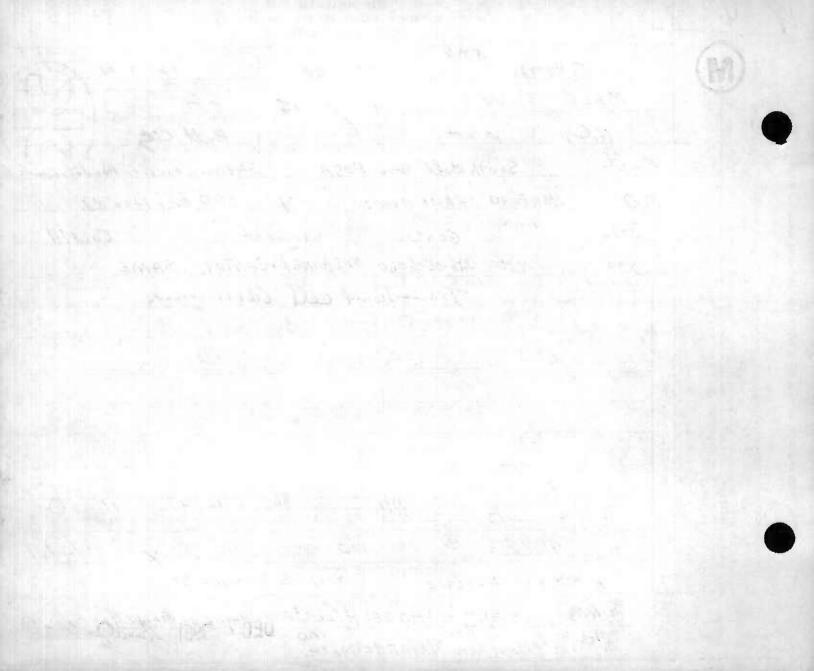
24 FUNERAL DIRECTOR Mitchell - Wiedefeld Lawson, 10 W.

and that in (my) (our) opinion death accurred an the date and haur and from the causes stated

DHMH - 16 50M 1/81 (VRA 15, 4)

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y y	1,	FOR - STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H	YGIENE 8	3 1 4	6 2
-	L	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	D.	
(20)		PECEASED NAME FIRST	MMIN	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
à (M)	L	THON		GENTRY	/	2 4 8/	812 AM
ge 4 mo	3. S	MALE	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR 4 11 15	6 AGE (IN YEARS LAST BIRT	HDAY) FUNDER TYEAR MONTHS DATS	IF UNDER 24 HRS. HOURS MIN.
deoth. Page uneral direct nin 72 haurs	7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY O		
of the day	2 10	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATION	WORKING LIFE) INDUSTRY	BUSINESS OR
hours of in by be file	195 13a	JAL RESIDENCE (IF NUR	South Ball.  THER INSTITUTION GIVE RESIDENCE BEFORE  NTY  134 CITY OR TO		Stationa y E	nginver Abenle	en Proving
y filled should b		MD HAG		DE GRACE YES NO NO	800 Ea	rlton Rd.	17.0
ond 2	0	TOLA	WALK LAST	15. MOTHER'S MAIDEN N	NAME MIDDLE	Cana	1.11
xecut nd co ges 1	160	WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES!	CURITY NO. 17. INFORMANT	ADDRE		111
S. Po	4	Xes W	W# 218-05-1	6060 MRS. ANNEL.	GENTRY	SANIE	
res that the death cr gned by the ottendin n please remove cath ourial, cremation, or ry, or other troumatic		Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEO  (b) Me  DUE TO, OR AS A CONSEO  (c) ALL  CONDITIONS CONTRIBUTING TO	tenstatie de	nearl RMINATOISEASE OR CONE	DITION GIVEN IN PART LIG	
ow requi	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDING	GSTISED
V: The lo ysicion. cote has ansit peri Tygiene p	RTIFIC				YES NO	IN CERTIFYING CAUSES (	
YSICIAN: The It ding physicion. is certificate has build-transit per Mental Hygiene. Arental Hygiene or Item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
G Pr	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.)  211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
TEN TOR: or us		sow the deceased alive on	ital) attended the deceased from 12.23. It view the body after death.	8, ond that in (my)(our) opinio	n death occurred on the do	19 8/ the ond hour and from the co	not (1) we) lost
he h		226. SIGNATURE Ha	Aik &	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		IGNED 4/8/
HOSPI bined b		22d. PHYSICIAN'S NAME (TYPE C		27e ADDRESS	Hanover 57		1.1.
Bb	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN MANDE JE	GARE HUDE	STATE OF STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR	P. As white	INE de GOARE	P CD BY REC 98.	5h. Prantis James	Harry -



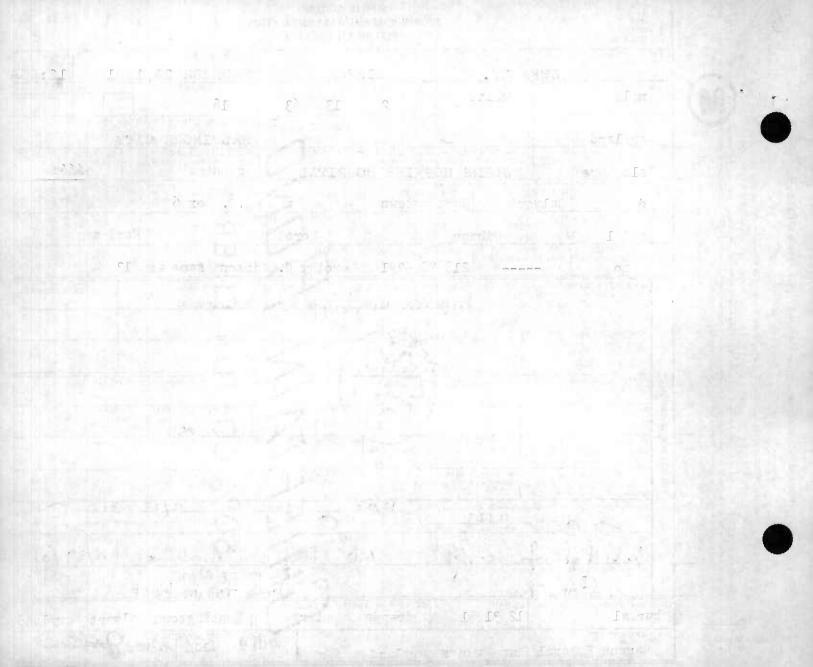
h	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B	3 1 4 5 3
page 3		CEASED NAME FIRST .  ALYCE  X	FACK PACK	GET WARD  15. DATE OF BIRTH	20. DATE OF DEATH MONTH	27/81 2 HOUR , M
- (RA)	70 B	EMALE IRTHPLACE (STATE OR FOREIGN 7)	BLACK 6. CITIZEN OF WHAT COUNTR	MONTH - DAY - YEAR Y? 8.	9 BALTIMORE CITY OR COUN	MONTHE ITAYS HOURE MINE
<b>L P B</b> 6		COUNTRY	U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	/ 100 /	MD.
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WARK		JASON	PACK	Capri	MIDDLE	GRAY
timORE be execu-		NAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V	MED FORCES? 166 SOCIAL SE	- Millard Par	ck 118 Cypru	
RDS, 201 W. PRESTON ST., BAI equires that the death certificate in signed by the attending physici. Then please remave carban paper ra burial, cremation, or remaval. injury, or ather traumatic event, the	NOI	18 CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED IMMEDIATE  Canditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECTION OF AS	rdiac arreg	t failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  GIVEN IN PART 1(0)
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0 4 0 0 4		22d, PHYSICIAN'S NAME (THE OR	Teleun	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL ( Zetoined by the TO FUNERAL E should be detor with the State E IMPORTANT: If	230	moges G	coremana	NAME OF CEMETERY OR CREMATORY	234 LOCATION	
160BP	L	(SPECIFY) BURIAL UNERAL DIRECTOR	12/31/81	King Mem	ATE REC'D. BY REGISTRAR 25b. REG	Shown Hate
DHMH-16 30M 2/80 (VRA 15, 4)	i	ERIVER BA	LIEY 13	48 CALHOUNS J	AN 41982 2	u Que Marile

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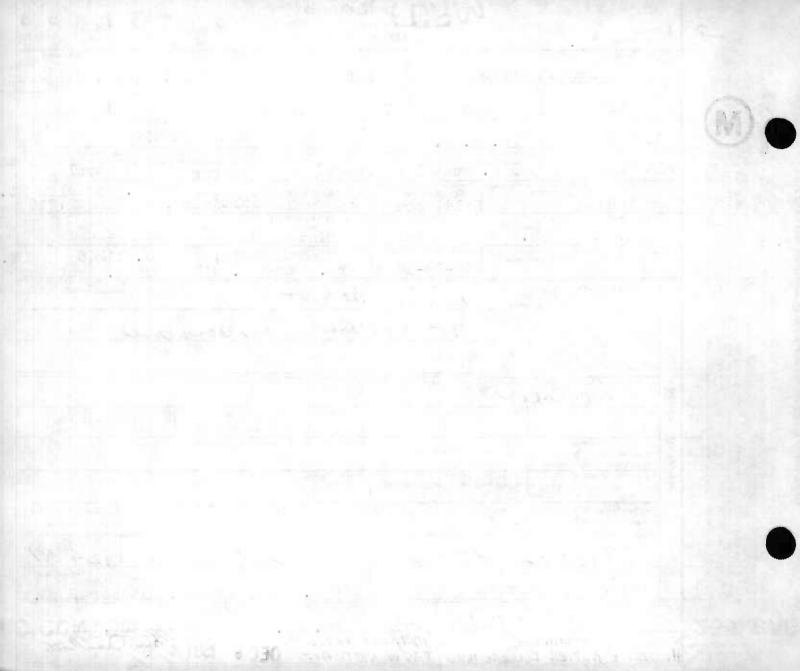
6	2	1	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  CERTIFICATE OF DEATH  REG. NO.							
			ECEASED NAME	FIRST	MIDDLE	B'S In	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR	
y be				JEFFREY	7.	G	IBSON	DECEMBER 29.1	12:55A	
ge 4 ma			male	4. RACE Wh	white 5. DATE C		E OF BIRTH  13 63	6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MIN.		
deoth. Po	in 72		BIRTHPLACE (STATE OR FO COUNTRY) Maryland		USA WIDOWE		RIED NEVER MARRIED		9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD.	
201 rs after	by the fu	Y J	CITY OR TOWN OF DEAT Baltimore	J(	OHNS H	OPKINS	HOSP ITAL	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING STUDENT	126 KIND OF BUSINESS OR INDUSTRY	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours	filled in rould be	130	UAL RESIDENCE (IF NURSIN STATE Md	GHOME OR OTHER INSTI 36. COUNTY Calvert		ence before admission or town ting town	13d INSIDECITY LIMITS	P.O. Box 6	32.453	
	ampletely 1 and 2 sh	1	father's name PIRST Daniel W		dibson	LAST	Doro tl	15. MOTHER'S MAIDEN NAME Dorothy  MIDDLE Hardesty		
	Pages medical	16a	WAS DECEASED EVER IN	U.S. ARMED FOR	(TES)	TAL SECURITY NO		ADDRESS		
	S. Page	4	no		218	78 5791	Dorothy H.	Gibson same as	#13	
	en signed by the atter.  Then please remove or to burial, cremotion finjury, or other traum	TION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(b)							
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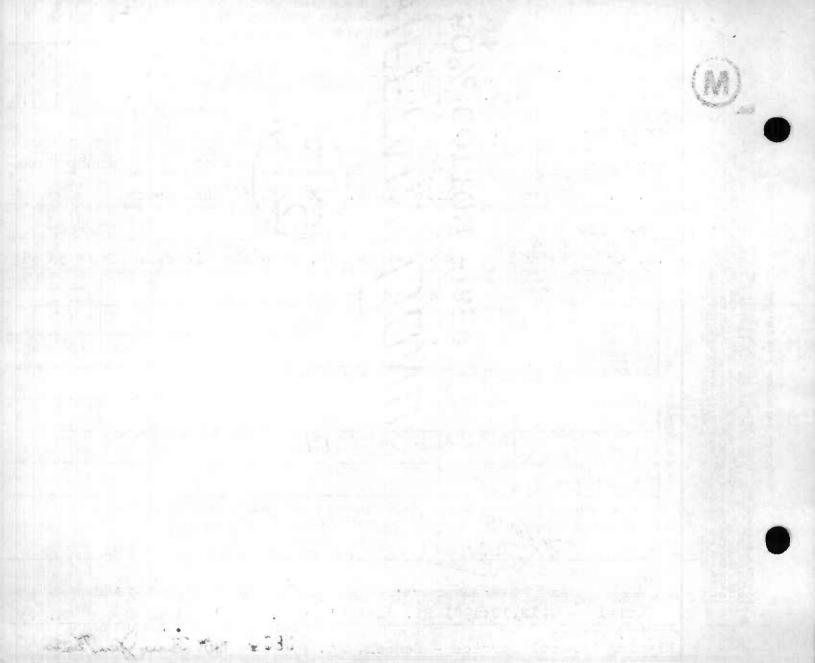
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DE 237361 Bomb Jan Jan.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE **CERTIFICATE OF DEATH** REGISTRAR REG. NO DECEASED NAME LAST 2a. DATE OF DEATH MONTH DAY YEAR 2h HOUR (TYPE OR PRINT) Herman Crenshaw Giles 4 RACE 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR HOURS Male Black 1800 YRS To BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** COUNTRY) MARRIED NEVER MARRIED Baltimore City irginia WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR ENOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Bethlehem (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Bentalou Stee Shearer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STREET ADDRESS 905 Bentalou St. 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Baltimore.Marvland 21216 timore YES TY 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST Richard Giles Edna 17 INFORMANTBaltimore. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Md. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Laura H. Giles 905 IE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 lervie Cornsopoulers Canditians, if any, which gave rise to immediate (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? urial-transit perm Mental Hygiene YES [ NO YES T NO [ 21a ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 0 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the body after death 226. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT: State PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS uld b. Doctor Marsha Brown Baltimore 236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) CITY OR TOWN COUNTY STATE Burial Arundel 24 FUNERAL DIRECTOR BALTIMORE 250. DATE REC'D. BY REGISTRAR 256 REGISTRAP'S SIGNATURE DHMH-16 25M (VRA 15, 4) 1/79 NUTTER FUNERAL HOME 3035 W. NORTH AVE



a hear	DECEASE TYPE OR PRIN		ME	MIDDLE	LAST	2	OF ESTI-	MONTH DAY YEAR	2b. HOUR
	SEX	R I4. RACE	obert    S. DATE OF BIRTH	Joseph	UNDER I YR. II	Giordar of UNDER 24 HRS. 2	DEATH MATED	12 5 1981 MONTH DAY YEAR	2d. HOUR
	male	white	Sept.8	,1950 31 YRS.		HOURS MIN. F	RONOUNCED DEAD	12 5 1981	9:20
567	BIRTHPLA FOREIGN CO	ACE (STATE OR OUNTRY) Jersey	76. CITIZEN OF W	MA	ARRIED   NEVE	ER MARRIED DIVORCED X	Baltimore		
	CITY OR	TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOME, OR ( ACILITY, GIVE STREET ADDRESS) Catalpha		ON 1120. USU		OF WORK 126 KIND OF BU	SINESS Otel
7 136			OR OTHER INSTITUTION, G	IN RESIDENCE BEFORE ADMISSION)  13. CITY OR TOWN  Brick Twsp	YES X	LIMITS? 13.6 STRE	ELADDRESS Cour		
14	FATHER'S		WIDDIE	Giordano	I FIRS	'S MAIDEN NAME	MIDDLE	Adanczy	.k
3 1	WASDE	CEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES) TO AM	166. SOCIAL SECURITY NO. 148-42-2940	) Mr.	Pasqual	ther) ADDRESS e Giordano	o Smae as	#13
	18. C	AUSE OF DEATH (Enter of ART I DEATH WAS CAUSE	D BY:	for (o), (b), and (c).)  Acute Narcotis			NE III TEN	APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
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4			STATE OF MARYLAND	2 1 2 1 2 2 0
	1.	FOR STATE	DEPARTMENT OF HEALTH AND MEN	
		REGISTRAR	CERTIFICATE OF DEA	TH REG. NO.
(-)	1. DE	CEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
2(風劇)	(1112	ELIZAbeth	H. GLeitz	12-7-81 12 20 AL
E ROLL	3. SE	4.6	RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ectu ars m		Eemale	White MAY 29 19	76 YRS. MONTHS DAYS HOURS MIN.
Podii Po	la Bi	RTHPLACE ISTATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? 8 MARRIED - NEVER MARI	RIED 9 BALTIMORE CITY OR COUNTY OF DEATH
nero in 7.	CR	OSSLANDS YJJ,	UDH- WIDOWED DIVOR	- 1/2 ~
the further of with	10 C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUT	TION 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTBY
by hile	BA	itimore City 1	MONTEBELLO STATE HOSP	(TYPEOF WORK FOR MOST OF WORKING LIFE) INDUSTRY
4 hours led in	USU.		ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. GV OR TOWN  130 INSIDE CITY L	IMITS? LIGE STREET ADDRESS
2 = 2 = 2		M.D. Hour	ARMARS HUNHOLIS YES X NO	1 204 MING-6-ED. ST.
vithin 12 sh	14. FA	THER'S NAME	LEF LAST IS. MOTHER'S MA	AIDEN NAME  MIDDLE  1AST
ond ond	1	OHN 1	HUDKINS CAT	HERINE BERRY
e execu		AS DECEASED EVER IN U.S. ARMEI	R OR DATES)	ADDRESS
rs. Po		NO -	240800952 HAROLD	V. GLEITZ # 13
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	ne couse per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a phy onpol emov		IMMEDIATE C	1811117 510 110 6000	Jaclure
s that the death certing by the attending process remove carbon rial, cremation, or renor arother traumatic expensive.		4310	DUE TO, OR AS A CONSEQUENCE OF	1 2 1
dea afte afton roun		Conditions, if ony, which gove rise to immediate	(b) Brain Slem	Infarction
the rem		couse (o), stating the	DUE TO, OR AS A CONSPOUENCE OF	
that d by ease ial, cr		underlying couse lost.	10 Ceremal Hemon	unage
gne bury.	z	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORME	D 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED
in. has been permit. ne prio	FICA	196 DATE OF OPERATION	THE CONDITION FOR WHICH OPERATION WAS PERFORME	IN CERTIFYING CAUSES OF DEATH?
te licio	ERTI	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY 21c. HOW INJURY	YES NO YES NO NO YES NO YES NO YES NO YES NO YES NO YES NO NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES
		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	FOCCURRED (ENTER NATURE OF INJURY IN TEM 18, PART FOR PART 2)
SIC cer cer cer cer cer cer cer rio rio rio rio	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 19 21e. PLACE OF INJURY 21I LOCATION	
PHY trendii r this the bu	MEC	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CITY OR TOWN COUNTY STATE
0000	- 1	AT WORK	ottended the deceased from Plan 27	987 to Ner 7 1981, that (1) (we) lost
ENDIN ral or of DR: Aft rr use a: Health		22a. I certify that (I) (this haspital) saw the deceased alive an		90/, to 190/, that (I) (we) lost  approximately opinion death occurred on the date and hour and from the causes stated
hospininECT	Ь.	oboye, (1) (we) (did) (did not) vi 22b SIGN TURE	ew the body ofter death.  DEGREE	22c. DATE SIGNED
0 9 0 9 5	3	Ommanuel	1. A THE	NDING MEDICAL STAFF
PITAL by the ERAL I		224 PHYSICIAN'S NAME (TYPE OR PRI		SICIAN DIRECTOR PHYSICIAN
A Pe	13	-	11, 000, 00	Hm Rol 21209
TO HO TO FI	22 1	Emmanuel 1		
00	230.	DECIFY)	136. DATE 236 NAME OF CEMETERY OF CREA	IF ITY OF TOWN COUNTY - FINETY
BP	24 4	URIAL DIRECTOR	12-9-81 (MSLOW /V/EM,)	250. DATE REC'D. BY REGISTRAPIS REGISTRAPIO GONALULE
DHMH - 16 50M 7/77 (VR A 15 (4))	1	NAME ATTOM	ADDRESS ATT	DEC 0 1091 Anna Care
	10	THE INTHORY	ONS PROPOLIS [-1).	35 9 1301

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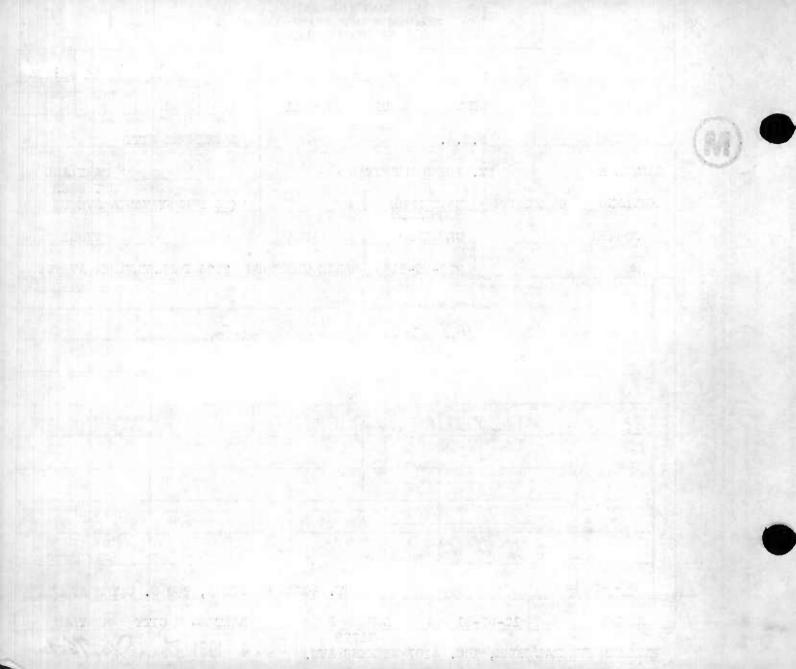
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DE	PARTMENT OF H CERTIF	EALTH AND A		REG. NO.	3	6.	15				
	I. DECEASED NAME FIRST	MIDDLE	ı	AST				NTH DAY YEAR 26					
	FRANC	CIS JOHN	GLOR	IOSO	1433	12	03	81	5:45A N				
	3. SEX	4 RACE	5. DATE C			6 AGE (IN YEARS LAST BIRTHDAY)		ERTYEAR	IF UNDER 24 HRS				
	MALE	WHITE	03	07	11	70 v	RS.	DAYS	HOURS MIN.				
9	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	D NEVERA		9. BALTIMORE CITY OR COL		EATH					
	MARYLAND	U.S.A.	WIDOWE		ORCED	BALTIMORE C	TTY		WL				
Ž,	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	VURSING HOME C		ITUTION	120 USUAL OCCUPATION	126		F BUSINESS OR				
	BALTIMORE		S HOSPIT	AL		(TYPE OF WORK FOR MOST OF WORK		MARY	LAND				
ř	USUAL RESIDENCE (IF NURSING HOME)	INTER INSTITUTION GIVE RESIDENCE		13d. INSIDE C	TV LIMITED	13e. STREET ADDRESS		RY D					
2	MARYLAND BALT		IMORE	YES	NO X	2924 PENNSYI							
y	14 FATHER'S NAME		ILANDS		MAIDEN NAM	AE .							
Э	JOSEPH		ioso		FIRST MIDDLE ANNA			VINCI					
5	160 WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIA	D FORCES? 166 SOCIAL SECURITY NO.			ADDRESS							
4	NO NO OKUNKNOWN) (IF YES, G:		217-05-5185 MARIE GLOR			OSO 2924 PENNSYLVANIA AVENUE							
Ì	18 CAUSE OF DEATH (Enter o	only one cause per line for (a),							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
1	PART I. DEATH WAS CAUS	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardine ares							INDET AND DEATH				
1	4277												
1	Conditions, if any, which	DUE TO, OR AS A CON	Inpertensive encephalepathy										
	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF												
ı	underlying couse last. (c) ASCUD												
	PART 2. OTHER SIGNIFICANT	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
	190 DATE OF OPERATION  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING							W.					
2	190 DATE OF OPERATION	198 CONDITION FOR V	TION FOR WHICH OPERATION WAS PERFORMED				FYES, WER		GS USED OF DEATH?				
10.	12-13-81	Left care	carolis endartheeles			YES NO YES NO							
		216. TIME OF INJURY HOUR A.M. MONT				RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)							
1	S (IF EITHER NOTIFY MEDICAL EXAMINE	P.M.											
1	21d INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	LACE OF INJURY  ME STREET, FACTORY, OFFICE, FARM ETC.)		211. LOCATION STREET		CITY OR TOWN COUNTY						
	AT WORK AT WORK				V/2								
-		220.1 certify that (I) (this hospital) attended the deceased from											
1	obove, (1) (we) (did) (did no	sow the deceased alive an											
1	220. SIGNATURE	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF											
H	22d. PHYSICIAN'S NAME (TYPE)	· My Myll		PHYSICIAN DIRECTOR PHYSICIAN 12-3-8/									
1	DR. DAVID MC			77e ADDRESS									
4						OSPITAL, 900 S	CAT	ON A	VENUE				
	230. BURIAL, CREMATION, REMOVAL (SPECIFY)		23c NAME OF C			23d LOCATION CITY OR TOWN	AUO3	ITY	STATE				
	BURIAL 24 FUNERAL DIRECTOR	12-07-81	-	DON PAR		BALTIMORE CI		MARY	LAND				
	NAME		DRESS -	1229	DE	REC'D. BY REGISTRAR 251, RE	GISTPINE'S	SIGNATI	Kothen.				
1	HUBBARD FUNERAL	HOME, INC. 4	TO WITK	ENS AVE	. 520	7 1301 G/AM	100	and !	MULTON				

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

IMPORTANT: If hem 21 is marked or Item 18 shows



STATE OF MARYLAND

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